MONTANA STATE PLAN

for

Hospital and Medical Facilities

Construction

1967 Revision

DIVISION OF HOSPITAL AND MEDICAL FACILITIES

MONTANA STATE DEPARTMENT OF HEALTH

HELENA, MONTANA



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CHAPTER I

GENERAL REQUIREMENTS



ANNUAL REVISION OF STATE PLAN

(Hospital and Medical Facilities Construction Program)

Α.	DESIGNATION OF STATE AGENCY responsible for adr	ministeri	ng	the State Plan:			
	1. AGENCY NAME			s the organization of the State Agen		x YES	Пио
	Montana State Department of Health	been changed since the existing State F was approved?			Pian	X YES	
	ADMINISTRATIVE UNIT						
	Division of Hospital and Medical Facilities		rela	"yes," attach chart showing organizationship of the unit responsible for admin to other units of State Agency.)			nd
B.	AUTHORITY OF THE STATE AGENCY:						
	Has any change been made in the authority of t provisions of the State Plan?	the State	ag	ency to carry out the	YES	X NO	
	(If "yes," attach copy of legislation or directive wh change).	ich acco	mpli	shed			
C.	DESIGNATION OF STATE ADVISORY COUNCIL:						
	Has any change been made in the membership of the manner in which consultation services for r to the State Agency?	of the St rehabilit	ate atio	on is to be provided	YES	X NO	
_	(If "yes," attach revised list of members)						
D.	METHODS OF ADMINISTRATION:						
	Do the methods of administration included in the approved State Plan reflect accurately the current or projected method of administering the State Plan?						
	(If ""no," attach revised or additional pages)						
E.	STATE AGENCY REQUIREMENTS:						
	Have any changes been made in (1) State goals determining priority, (3) service area delineation (5) standards for maintenance and operation of	ons, (4)	bec	s, (2) methods of I need formula, or	YES	Он	
	(If "yes," attach revised or additional pages)	-					
F.	FEDERAL SHARE (Indicate below the percentage for e	ach cate	goi	ry。)			
	HOSPITALS AND PUBLIC HEALTH CENTERS	40	%	REHABILITATION FACILITIES		4	0 %
	FACILITIES FOR LONG-TERM CARE	40	%	MODERNIZATION		4	0 %
DIAGNOSTIC OR TREATMENT CENTERS		40		VARIABLE RATE (Attach copy of factors used and table) the various areas of the State for each			e for
G.	DATE OF PUBLIC NOTICE: May 17, 1967						
	I hereby certify that the information above and best of my knowledge and belief, and are an accurate pro-	l attache resentat	d s	tatements, charts, maps, and tables of the revised State Plan adopted b	are to	rue and corre State Agency	ct to the
SIG	GNATURE	John S	Ş.	Anderson, M.D. ve Officer		y 1, 196	e of Revisio

PHS-708-1

REV. 2-67

AUTHORITY OF STATE AGENCY

The enactment by the Montana Legislature of Chapters 269 and 270 of the 1947 Session Laws enabled the State of Montana to comply with all the requirements of the original Hospital Survey and Construction Act. Chapter 270, the Montana Hospital Survey and Construction Act, established the Board of Health as the sole agency for the administration of the plan, authorized the inventory and survey of existing hospital facilities, and provided for an Advisory Council.

It was necessary to amend the original State enabling law to cover the expanded program as provided by the Medical Facilities Survey and Construction Act of 1954. This was accomplished by Senate Bill No. 67, signed by the Governor March 4, 1955, included as Chapter 215 of the 1955 Montana Session Laws.

Governor Tim Babcock designated the State Board of Health as the sole agency to implement the provisions of Public Law 88-164, cited as the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963." The enabling legislation was provided by Chapter 77 of the 1965 Montana Session Laws. This also provided for the "Hospital and Medical Facilities Amendments of 1964," Public Law 88-443.

Chapter 269 of the 1947 Montana Session Laws provided for the licensing, inspection, and regulating of hospitals throughout the State. The Federal Act required that minimum standards for maintenance and operation be established for hospitals which receive Federal aid under the Act. The State Licensing Law, as passed, to comply with the Federal Act is intended to apply to all hospitals (except Federal) since minimum standards are equally desirable for all operating hospitals.

Chapter 78 of the 1965 Montana Session Laws amends the Licensing Law to include facilities for mental diseases and mental retardation. It also provides, in Section 69-2910, a hospital, medical and related facilities advisory council which shall consult and advise the board in matters of policy affecting administration of the Montana Hospital, Medical and Related Facility Survey and Construction Act and in the development of rules, regulations and standards provided under the Licensing Act.

Chapters 29 and 30, Revised Codes of Montana, 1947 Annotated, amendments as shown in the 1965 Cumulative Pocket Supplement, were included in their entirety in the 1966 Revision of the Montana State Plan for Hospital and Medical Facilities Construction and are not reproduced in this revision of the Plan. Copies of these Statutes will be furnished to interested parties on written request to the Montana State Board of Health.

EXCERPTS FROM THE REVISED CODES OF MONTANA, 1947 ANNOTATED, AMENDMENTS AS SHOWN IN 1965 CUMULATIVE POCKET SUPPLEMENT.

CHAPTER 30

69-3003. Administration--hospital, medical and related facility survey and construction. Except where another state agency is specifically designated by law, the state board of health of the state of Montana is hereby designated as the sole agency of the state of Montana to establish and administer any statewide plan for the construction, alteration, equipment, maintenance, or operation of any hospital, medical or related facilities for the provision of care, treatment, diagnosis, rehabilitation, training, or related services, which plan is now, or may hereafter be required as a condition to the eligibility for benefits under any federal law. The state board of health, in its discretion, is authorized to, for and on behalf of the state of Montana, enter into contracts and agreements with the United States or any officer, department or bureau thereof, relative to such statewide plans, and to do those things necessary or required to secure for the people of the state of Montana the benefit of such programs as will provide adequate medical and related facilities and services.

The board shall make an inventory of existing hospitals, medical and related facilities; survey the need for construction or alteration of hospitals, medical and related facilities; and develop and administer a state plan for the construction and alteration of public and other nonprofit hospitals, medical and related facilities.

CHAPTER 29

69-2910. Hospital, medical and related facilities advisory council. The governor shall appoint a hospital, medical, and related facilities advisory council to advise and consult with the board in carrying out the administration of this act and of the Montana Hospital, Medical and Related Facility Survey and Construction Act. The council shall consist of the executive officer of the state board of health (in various acts designated as "secretary" of said board) who shall serve as chairman ex officio, the state director of the department of public welfare, ex officio, the director of public institutions, ex officio, and representatives of nongovernmental organizations or groups, and of public agencies, concerned with the operation, construction, or utilization of hospital, medical and related facilities and representatives of consumers familiar with the need for the services provided by such facilities, with the number of members as are or may be required on said council as a condition of eligibility for benefits for hospital, medical and related facilities under any federal law. Each member shall hold office for a term of one (1) to three (3) years, as designated in the appointment, except that any member appointed

to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and the terms of office of the members shall expire, as designated at the time of appointment. In designating the duration of appointments, the governor shall endeavor to avoid expiration of more than one-third of the total appointments in any twelve month period. Council members while serving on the business of the council shall be entitled to receive ten dollars (\$10.00) per diem, and also their actual and necessary travel and subsistence expenses while so serving away from their place of residence. The council shall meet as frequently as the chairman deems necessary, but not less than once each year. Upon request by one-third or more of the members, it shall be the duty of the chairman to call a meeting of the council.

MONTANA STATE BOARD OF HEALTH

The Montana State Board of Health was created by legislative action, signed into law March 15, 1901. Membership of the State Board of Health is detailed by law (Revised Codes of Montana, 1947, Title 69, Chapter 101):

"There is hereby created 'The State Board of Health of the State of Montana' which shall consist of seven (7) members, to be appointed by the governor, three (3) of whom shall have the degree of doctor of medicine, one (1) of whom shall have the degree of doctor of dental surgery, and three (3) of whom shall be lay persons, each of whom has demonstrated intelligent and active interest in the field of public health in Montana. For purposes of this act 'lay person' is hereby defined as any person who does not hold the degree of doctor of dental surgery or doctor of medicine."

R. J. Losleben, President Malta, Montana

Paul H. Bowden, D.D.S. Butte, Montana

George H. Gould, M.D. Kalispell, Montana

R. D. Knapp, M.D. Wolf Point, Montana

Mrs. O. H. Mann Missoula, Montana

Mrs. Richard T. Ellis Great Falls, Montana

Edwin C. Segard, M.D. Billings, Montana

John S. Anderson, M.D. Secretary & Executive Officer

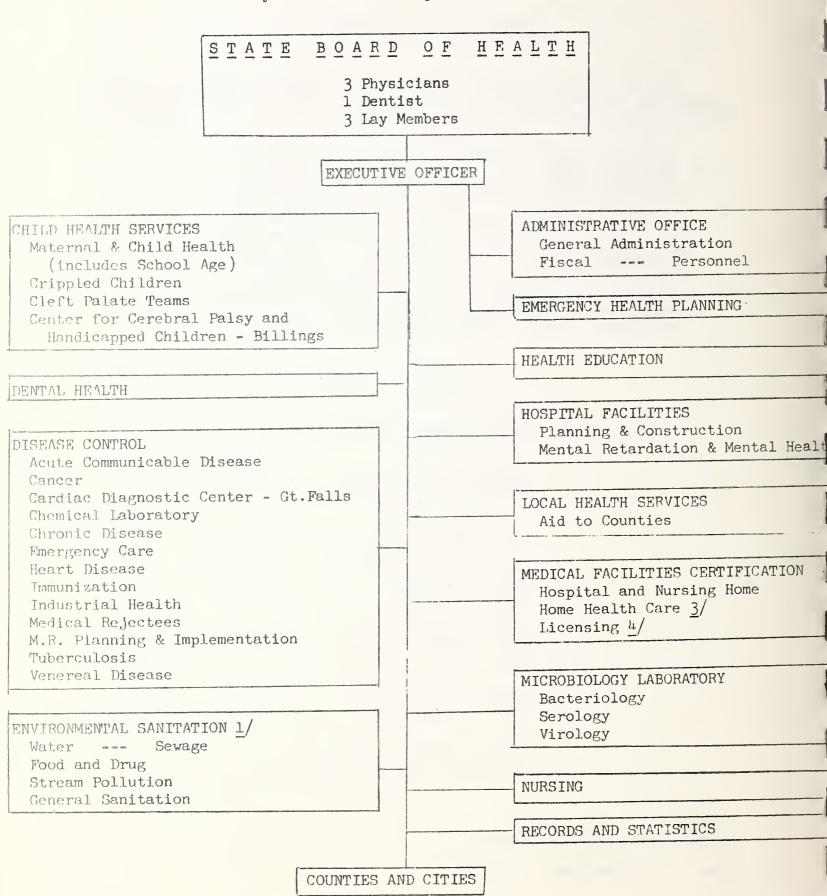
DIVISION OF HOSPITAL FACILITIES

Robert J. Munzenrider, Director

MONTANA STATE BOARD OF HEALTH Helena, Montana

ORGANIZATIONAL CHART

By Divisions and Major Functions



Includes restaurants, motels, hotels, school construction, refrigerated lockers, food processing, sub-division, septic tank and cesspool disposal, etc.

2/ Includes alcohol and narcotic education.

/ Also included under Nursing Division.

Includes hospitals, nursing homes and homes for the aged.

HOSPITAL, MEDICAL AND RELATED FACILITIES

ADVISORY COUNCIL

Name	and	Add	ress

Government	Occupation or Profession	Representation
John S. Anderson, M.D., M.P.H. 2216 East 6th Avenue Helena, Montana	Chairman, Ex Officio Executive Officer, State Board of Health	State Board of Health
W. J. Fouse State Dept. of Public Welfare 10th and North Ewing Helena, Montana	Director, State Dept. of Public Welfare Ex Officio	Dept, of Public Welfare
Edwin G. Kellner 620 North Warren Helena, Montana	Director, Dept. of Public Institutions Ex Officio	State Institutions
Non-Government		
V. R. Powers 3/ 4/ 1211 Rose Brier Drive Missoula, Montana	Administrator Missoula Community Hospital	Montana Hospital Association
Eugene A. Lalonde 2/ 4/ Sidney, Montana	Lawyer	
M. E. Donovan P. O. Box 1677 Helena, Montana	Executive Director Montana Physicians' Service	Blue Shield
Leonard Kuffel, M.D. <u>2</u> / <u>5</u> / 18 Martha Court Missoula, Montana	Anesthesiologist	Montana Medical Association
Thomas McMaster 1/ 5/ 1109 Livingston Avenue Helena, Montana	Dairy Technologist	Montana Assoc. for Retarded Children
Bryce Hughett, M.D. 3/ 6/ 1117 Avenue F. Billings, Montana	Psychiatrist	Montana Medical Association
Consumers		
Mrs. Helen Johnson 2/ 4/ 619 South Willson Avenue Bozeman, Montana	Real Estate Insurance	

Name and Address	Occupation or Profession Representation
Consumers Contd.	,
Mrs. Stephen Birch 1/ 4/ 2625 Fourth Avenue South Great Falls, Montana	Housewife
Hubert White 2/ 4/ 129 South Pine Townsend, Montana	Businessman
F. B. Welsh 2/ 4/ 9 North 24th Billings, Montana	Insurance
Miss Elizabeth Havnen 1/ 4/ 3415 2nd Avenue South Great Falls, Montana	Nursing Supervisor City-County Health Department
W. Boyce Clarke 1/ 5/ 1705 Stower Miles City, Montana	Insurance
A. W. Scribner 1/ 5/ 426 Monroe Helena, Montana	Attorney
Ervin S. Thoreson 1/ 5/ 302 36 Street South Great Falls, Montana	Pharmacist
Mrs. Thomas Payne <u>2/ 6/</u> 112 Pattee Creek Drive Missoula, Montana	Housewife (B. Sc., Nursing)
Consultant	
Jack C. Carver 7/ 508 Power Block Helena, Montana	Director, Division of Vocational Vocational Rehabilitation State Board of Education
for the Mentally Retard 6/ Appointed under P. L. 88-164 Health Centers.) 7/ Public Law 88-443 in Section	1966 to January 1, 1968 1966 to January 1, 1969 3, Hill-Harris 4, Title I, Part C (Construction of Facilities

concerned.

Council shall include a representative of a non-government organization, or group, or state agency concerned with rehabilitation, or provide for consultation with groups, organizations or agencies so

METHODS OF ADMINISTRATION

Preparation and Publication of the State Plan

- 1. The cut-off date for statistics for the bases of the State Plan preparation and modification shall be April 1 of each calendar year.
- 2. The State Plan shall be developed in consultation with other State Agencies, nongovernmental organizations or groups and of public agencies, concerned with the operation, construction, or utilization of hospitals and medical facilities.
- 3. The State Plan will be written, reviewed by the Hospital, Medical and Related Facilities Advisory Council and approved by the State Board of Health. A general description of the provisions included in the Plan will be published and a reasonable notice of a public hearing will be given, at which interested persons or organizations will be given an opportunity to be heard. The public hearing will be scheduled in conjunction with the Advisory Council meeting. The State Plan will be available for public examination for a period of at least 30 days.
- 4. The State Board of Health shall take steps to insure publication of a general description of the State Plan in newspapers of general circulation throughout the State.
- 5. The State Plan shall be submitted to the Surgeon General for review and approval prior to July 1 of each calendar year.
- 6. After approval of the State Plan by the Surgeon General, it shall be made available to those who would desire a copy.

Establishment of the Project Construction Schedule

Subsequent to approval of the State Plan by the Surgeon General of the U.S. Public Health Service, the State Board of Health will develop a project construction schedule for the fiscal year covered by the Plan. Projects will be included in the project construction schedule giving consideration to the following factors:

- The priority of the project as determined in accordance with the principles outlined in the State Plan for determination of need.
- 2. The intent of sponsoring agencies to begin construction within a reasonable length of time.
- 3. The ability of the sponsoring agency to meet the financial requirements for construction, maintenance, and operation of the proposed facility. Assurance must be give that sufficient funds are available for initial supplies, payrolls,

3. Contd.

etc. required to place the hospital in operation. In accordance with the Public Health Service Regulations, the sponsoring agency for a new project must present an operating budget to assure financial ability for the two-year period immediately following its completion. Assurance must be given by the sponsoring agency that the operating organization or method of operation has been determined, and that equipment lists for Group I II, and III will be submitted to the Montana State Board of Health shortly after plans and specifications have been submitted, or within sixty days after awarding construction contracts.

- 4. The maintenance of an appropriate balance in the construction of various categories of facilities. The balance between categories in facilities need not be reflected in each Project Construction Schedule; however, construction which is scheduled under the program will reflect an appropriate balance between the various categories of facilities.
- 5. In cases of reclassification of a facility, or facilities, in a service area, or community within a service area, from "conforming" to "non-conforming," the facility so classified will be given a reasonable time, as determined by the State Board of Health, to signify its intention to bring the facility into conformance either through new construction, renovation or remodeling. In the interim period, no application for financial assistance from other sponsors in the service area, or community, will be considered for the replacement of the facility in question.
- 6. For long term care facilities, when the situation, on the basis of administrative staff review, indicates that a facility does not meet the intended criteria of the State Plan no application shall be approved until it has been decided by the Board of Health on its own merits. This would also apply to certifications for FHA.
- 7. The sponsoring agency for a long term care facility must show that it has a working relationship with an existing hospital.

If a project is removed from the Project Construction Schedule by the State Board of Health, the Schedule will be revised to include the next highest priority project which meets the requirements for inclusion. After the approval of the Schedule, a project will not be removed therefrom except when an applicant must be dropped for any of the following reasons:

- 1. Failure to submit required documents.
- 2. Failure to comply with the present rules and regulations,

2. Condt.

such as inability to meet the financial requirements or failure to prepare plans and specifications.

- 3. Voluntary withdrawal.
- 4. When final hospital construction costs are determined through opening of bids, and are found to exceed the estimated costs and the sponsor lacks adequate funds to meet their share of the costs, the project shall remain on the Schedule for the balance of the fiscal year, but for not less than an additional 120 days in order to secure additional time to obtain additional funds.
- 5. Projects removed from the Schedule may be reinstated upon demonstration by the sponsor that adequate funds are available in accordance with provisions of the State Plan.

The fact that a project is excluded from the Project Construction Schedule for any one of several reasons will not change the project priority rating, and such projects will be considered for inclusion in each succeeding Project Construction Schedule.

The total amount of Federal funds allocated to projects listed on the Construction Schedule from any one fiscal year will be limited by the Federal allotment to the State for that particular fiscal year.

Applications for Federal Assistance under Public Law 88-443 must be completed by each sponsor on the prescribed Public Health Service forms.

Construction Standards

The Montana State Board of Health has issued minimum general standards for construction and equipment for new construction of hospitals and medical facilities. These meet all minimum standards as set forth in Subpart N (Appendix A) as amended in the PHS Regulations.

Until minimum standards for construction of medical facilities. (other than homes for the aged) are promulgated by the Montana State Board of Health the minumum standards as set forth in Subpart N (Appendix A) PHS Regulations shall apply.

Copies of these standards will be made available to architects and sponsors involved in construction.

Minimum Standards of Maintenance and Operation

Minimum standards for the maintenance and operation of hospitals and

related facilities providing inpatient care are promulgated by the Montana State Board of Health. These apply to all hospitals and long-term care facilities regardless of whether or not these received financial aid under the Federal Act. Standards promulgated by the State Board of Health are:

Montana Licensing Law and Standards for Hospitals and Related Institutions, adopted June 15, 1957. These are promulgated under authority of Chapter 269, 1947 Montana Senior Laws, as amended (Section 69-2901 through 69-2918, Revised Codes of Montana, 1947 Annotated.)

Montana Licensing Law and Standards for Homes for the Aged, adopted November 7, 1959 and all amendments thereto. These standards are developed under the provisions of Chapter 192, 1947 Montana Session Laws, as amended (Section 69-2401 through 69-2406, Revised Codes of Montana, 1947 Annotated including amendments by Chapter 243, 1959 Montana Session Laws.) These standards were also adopted by reference under Chapter 162, 1965 Montana Session Laws.

The Licensing Program is under the Division of Medical Facilities Certification which is responsible for the licensing, inspection, and enforcement of the above standards. Copies of the official state standards and regulations for licensure of hospitals and nursing homes are distributed to all facilities in Montana and are available on request to the State Board of Health.

Inspection of Projects

- When a request for payment of an installment is made, the State Board of Health will cause to be made an inspection of the project to determine that services have been rendered, work has been performed, and purchases have been made as claimed by the applicant and in accordance with the approved project application.
- 2. The State Board of Health will make such additional inspections as are deemed necessary.
- 3. Reports of each inspection will be retained in the files of the State Board of Health.
- 4. Files will be maintained on all correspondence incident to inspections of a project.

Construction Payments.

Requests for construction payments shall be submitted by applicants to the State Board of Health at the times prescribed by Section 53.130 of the Public Health Service Regulations, as amended. Under existing law the State is authorized to make payments of Federal funds to all types of eligible applicants. Federal funds shall be paid to the State Treasurer. The

State will promptly remit, or credit, any payments of Federal funds received by the State for payment to applicants for approved construction projects.

Maintenance of Personnel Standards of State Agency

The Medical Facilities Construction Program will be administered in accordance with the Merit System requirements as set forth in the PHS regulations, Subpart M, and Health Grants Manual, Part 14-1. A copy of the Montana Merit System Regulations is on file with the Public Health Service.

Fiscal and Accounting Procedures

The State Board of Health will comply with the provisions of Section 53.131 of the PHS Regulations by maintaining the necessary accounting records and controls, and requiring applicants for Federal funds to maintain adequate fiscal records and controls.

The State Board of Health agrees that it will retain on file all documents coming into its possession which relate to any expenditure under the Act as amended. In addition, the State Board of Health will take such steps as are necessary to assure that the applicants will retain all relevant and supporting documents and will establish suitable property inventory records covering all equipment of more than nominal value. The State Board of Health further agrees that it will retain the accounting records, controls and documents as described above for a period of at least one year upon its participation in the program, and will take necessary steps to assure that applicants retain such documents for a period of at least two years after the final payment of Federal funds.

Access to State Agency Records by the Comptroller General

The Surgeon General of the Public Health Service and the Comptroller General of the United States or his duly authorized representative shall have access for purposes of audit and examination to all program records maintained by the State Agency in accordance with established program requirements of the Surgeon General.

Federal Share of the Cost of Each Construction Project

The State Board of Health has adopted 40% as the rate of Federal participation for construction and modernization for all categories during the fiscal year, 1967.

Transfer of Allotments to Another State

The provisions of Section 53.92, Part 53 of the Public Health Service Regulations, are made a part of this plan.

Transfer of Allotments for Modernization to Another Category Within the State

The provisions of Section 53.93, Part 53 of the Public Health Service Regulations, are made a part of this plan.

Fair Hearings

Upon petition, the State Board of Health will provide an opportunity for a fair hearing before the State Board of Health to every applicant who has requested Federal aid for construction of any of the medical facilities included in the Act, and who is dissatisfied with any action of the State Board of Health regarding the application.

Actions of the State Board of Health which entitle applicants to a hearing include the following:

- 1) Denial of opportunity to make formal application.
- 2) Refusal to consider an application.
- 3) Rejection or disapproval of an application.

Appeals from decisions or actions of the State Board of Health must be made by the appellant, in writing, within thirty days of the date of the adverse decision by the State Board of Health.

The appellant will be notified, in writing, of the time and place of the hearing which will be determined by the State Board of Health and be reasonably convenient for the appellant.

The appellant is entitled to be represented by friends or counsel as he so desires. The appellant and other persons interested and concerned with the State Board of Health's decision are entitled to present pertinent evidence in the way desired, subject to reasonable procedures of admissibility and methods of presentation.

The decision of the State Board of Health will be made, in writing, within thirty days from the date of the hearing and will be based on the evidence presented at the hearing.

A record of the hearing will be made, and upon request of the appellant, will be made available for examination.

Conflict in Interest

No full-time officer or employee of the State Board of Health, or any firm, organization, corporation, or partnership which such officer or employee owns, controls, or directs, shall receive funds from the applicant, directly or indirectly, in payment for services provided in connection with the planning, design, construction or equipping of any project under this Plan.

Nondiscrimination Procedures

No Person or Persons will be denied admission to any facility constructed under this Plan because of race, creed, color, or national origin. Further, no professionally qualified person or persons will be denied staff privileges because of race, creed, color or national origin, nor will employees of the facility be discriminated against for these same reasons.

Nondiscrimination in Construction Contracts

Each construction contract is subject to the condition that the grantee shall comply with the requirements of, and give the assurances required in Executive Order 11,114, June 22, 1963 (28 F.R. 6485), and the applicable rules, regulations and procedures prescribed pursuant thereto by the President's Committee on Equal Employment Opportunity (28 F.R. 9812).

Assurances to Those Unable to Pay_

Before a construction application for a facility under this Plan is approved, the State Board of Health shall obtain assurance from the applicant that the facility will furnish below cost, or without charge, a reasonable volume of services to persons unable to pay therefor.

Change of Status of Facility

In accordance with Public Health Service Regulations, Section 53.133, the State agency shall promptly notify the Surgeon General in writing, if at any time within 20 years after the completion of construction, any hospital, diagnostic or treatment center, rehabilitation facility, or long-term care facility which received funds under the Federal Act is transferred to any person, agency, or organization not qualified to file an application under the Act or not approved as a transferee by the State agency; or, ceases to be a nonprofit hospital, nonprofit diagnostic or treatment center, nonprofit rehabilitation facility, or nonprofit long-term care facility as defined in the Federal Act.



CHAPTER II

GOALS AND GENERAL POLICY

GOALS AND GENERAL POLICY

The State Plan as developed originally, and revised annually, is in accordance with the basic definitions, standards, and methods as outlined in the Public Health Service Act and Regulations, and adapted for planning purposes to meet the estimated needs in Montana. The Plan designates locations of medical installations, based upon a study and analysis of available information that will affect present and future trends in hospital and medical facilities requirements. From existing hospitals and the use people make of them, a determination is made regarding the need for new and/or additional facilities.

One of the most important cornerstones of good planning is a proper delineation of hospital service areas. If areas are not accurate geographic definitions of patient origin for the hospitals and medical facilities in the areas, even the application of utilization formulas will not give an accurate picture of the needs of these areas.

In the light of past experience, the hospital service areas for the State of Montana have been drawn and grouped around the trade and transportation patterns, natural geographic boundaries, and highways and railroads, to reflect more accurately the flow of patients from outlying areas to the hospitals and medical facilities in the rural and urban areas and to provide areas large enough to support these facilities with adequate basic services.

While a number of small hospitals are needed to care for the more isolated areas of the State, it must be recognized that the smaller hospital cannot give complete care to a number of its patients due to its necessarily limited services. It is therefore recommended, that where bed need exists, that new bed construction go to an existing facility and that the larger hospitals extend their services so that they may offer complete general hospital care. This complete general hospital care, recommended for hospitals over 75 beds, should include not only normal services, but some of the aspects of rehabilitation, acute psychiatric, long-term care facilities, organized outpatient care and, perhaps, even facilities for Public Health workers.

It is recommended that the smaller hospitals in a service area be affiliated with the area, or regional, hospital as closely as possible so that patient care can be carried out at the highest standards of care and as efficiently as possible. Also long-term care facilities should have an established procedure for the transfer of a patient to a hospital without undue delay when such transfer is determined necessary by the attending physician, or in case of an illness.

The State Agency will continue to pursue a policy of close cooperation with all agencies, planning groups and other interested parties in developing the State Plan. While there are no organized local planning councils in Montana, local community groups are encouraged to plan for hospital and medical facilities on a community and area basis.

Governor Tim Babcock, in May 1964, designated the Montana State Board of Health as the Mental Retardation Planning Agency for Montana. Mary E. Soules, M. D., M.P.H., Director of the Division of Disease Control, State Board of Health, was named director of this mental retardation planning program by John S. Anderson, M. D., M.P.H., Executive Officer of the State Board of Health, and Mrs. Maxine S. Homer, Health Education Consultant, was named the coordinator. Dr. Anderson also named Robert J. Munzenrider, Director of Hospital Facilities, to be in charge of the construction phase of the program.

The Governor, in 1963, directed the state mental health authority to develop a comprehensive mental health plan for Montana, and the State Board of Health to administer the construction phase of the Federal Community Mental Health Centers Act.

The Executive Officer and various division directors of the State Board of Health have participated in a major degree in the formulations of the committees for mental health and mental retardation. Since the State Board of Health has been administering the Hill-Burton Program in Montana since 1947, there is a correlation between the three construction programs.

Because Montana has neither a medical school nor a teaching hospital, it is not possible to participate in the Health Professions Educational Assistance Act established under the authority of Public Law 88-129. This act provides for Federal assistance with the cost of the construction of schools of medicine, osteopathy, pharmacy, dentistry, optometry, podiatry, public health and teaching hospitals affiliated with medical and osteopathic schools.

Public Law 88-581, the Nurse Training Act, provides Federal construction grants to assist with the cost of construction schools of nursing. The State Board of Health will assist interested groups in every way possible in seeking aid in providing these facilities, if needed.

The Hospital and Medical Facilities Amendments of 1964, Public Law 88-443, provide greater uniformity, on a nationwide basis in the methods for surveying and evaluating existing facilities and beds. This is more fully described under the heading of "Plant Rating Techniques." While recognizing the need for greater standardization in the survey criteria, the Public Health Service, has left open the way to modify rigid standardization on the basis of experienced judgment.

Experience has demonstrated that an available hospital bed will be a used bed. Experience has also demonstrated that almost regardless of the imbalances and inefficiencies built into a hospital, it will function, not efficiently nor economically, but the personnel will manage to function in it. Also, the Board of a hospital, its administrator, and the communtiy they serve have as their objective a complete hospital able to meet any problem presented by the patient who comes to them. Another objective of almost every hospital is to qualify for the numerous accreditations and approvals given to hospitals which meet the standards established for their recognition. These objectives are commendable. An empty hospital bed is an expensive bed because of wasted facilities and personnel. Also,

a hospital bed undeservedly occupied is even more wasteful.

Statistical information required in preparation of a State Plan when applied to the determination of need for facilities will yet leave considerable area for judgment. The Public Health Service developed a rather simple formula for determining hospital bed needs, at the same time allowing for modification dictated by judgment. The formula is based on three factors; that is, population served, patient days rendered, and the projected population.

The economics and size of a hospital and cost of construction must also be considered. The small hospitals in the more isolated areas present problems in design particularly in the services that are to be offered which of necessity must be limited. In the larger communities having two or more hospitals in need of modernization or replacement, consideration should be given to the construction of a single hospital which would provide more complete services to the patient.

Another matter of concern pertains to the duplication of expensive equipment for limited use such as cobalt vaults, deep-ray therapy, highly specialized psychiatric items, etc. Similar expenditures should be carefully restricted among those institutions affording maximum use and greatest community benefits.

Specific policies for guidance in the allocation of Federal grants that are to be observed are as follows:

- 1. Applications for construction grants from general hospitals will be considered in the order of (1) modernization, to reclaim otherwise "non-conforming" beds by (a) renovation, (b) replacement; (2) preference to medical and surgical over beds of obstetrical and pediatric services where the latter are operating at low occupancy.
- 2. No project to increase bed capacity will be approved for any institution having a substantial unmet need for modernization prior to submission and approval of plans to meet such needs.
- 3. Where an institution is functioning in a structure of inadequate capacity, obselete arrangement and/or otherwise non-conforming rating, and can provide better service in a new plant, total replacement will be favored over a project for modernization of the existing structure, provided the latter will be abandoned as to its original purpose.
- 4. No new general hospitals, other than replacements of obselete facilities, will be considered eligible pending the succeeding revision of the State Plan, unless an applicant can demonstrate that the area for which the proposed hospital is planned is not nor can be served by existing hospitals.

- 5. If two or more hospitals qualify equally under the standards, then factors concerning each, such as extent of community service offered, provision of ancillary facilities, nature and qualifications of staff, net additional beds, departmental rate of occupancy, etc. shall all be taken into consideration.
- 6. In the long-term care category, no application or construction of a sub-unit to a general hospital will be considered for less than 10 beds. Applications for long-term care facilities which are not sub-units of a general hospital must provide for 25 or more beds.
- 7. To receive consideration as a Chronic Disease Hospital facility, the applicant must demonstrate that the proposed project will provide organized programs of specialized rehabilitative services for the care of chronically ill patients. The facility shall provide a minimum of 25 beds and be operated as a part of a general hospital of 100 or more beds, except in unusual circumstances. The applicant shall demonstrate that there is active community interest in facilities and services for the diagnosis, treatment, care and rehabilitation of the chronically ill, that there are existing outlet facilities, including nursing homes and custodial institutions for the aged, and programs and services for the chronically ill patients requiring long-term care.

Chapter III of this Revision of the State Plan establishes a priority sequence for the construction and modernization of hospitals. Applications received will be processed on the basis of conformance with the State Plan, area priority and the availability of Federal funds.

Applications, in order to be considered, must be submitted on current forms of "Application for Project Construction" supplied on request to the State Board of Health. These must be complete with supporting material as outlined in the instructions for completing the application. The submission of an application under this Revision of the State Plan, if not acted upon due to insufficient Federal funds, shall not be construed by the applicant as establishing a priority under subsequent revisions of the State Plan.

The "Inventory of Inpatient Facilities" in the long-term care category of this Plan (Chapter IV), as in the previous revisions of the Plan, lists only those facilities rendering skilled nursing care and licensed as nursing homes by the State Board of Health. It does not include homes for the aged which provide primarily domiciliary care and/or personal care services. Therefore, this Plan reflects only the long-term care bed needs (nursing homes providing skilled nursing care) and does not take into account other facilities required to care for the aged.



CHAPTER III

PRIORITY AND SERVICE AREAS

1. METHOD OF DETERMINING PRIORITIES

The number of beds for acute and long-term illness required to provide adequate service to each planning area has been determined in accordance with Section 53.11 of the Public Health Service Regulations.

In determining the priorities of projects to be recommended for Federal grants-in-aid, the State Board of Health has considered both those projects initially approved under the program and facilities under construction without federal financial assistance as existing facilities.

HOSPITALS

The Federal Regulations define "hospital" as general, tuberculosis, mental, and other types of hospitals, and related facilities, such as intensive, intermediate, and self-care nursing units, laboratories, outpatient departments, nurses' home facilities (and prior to July 1, 1965, nurses' training facilities) and central service facilities operated in connection with hospitals; but not institutions furnishing primarily domiciliary care. The term "hospital" shall be restricted to institutions providing community services for inpatient medical or surgical care of the sick and injured which includes obstetrics.

A general hospital is defined as any hospital for short-term inpatient medical or surgical care of illness or injury including obstetrics.

LONG-TERM CARE

A facility for long-term care is defined as one providing community service for inpatient care for convalescent or chronic disease patients who require skilled nursing care and related medical services.

- 1. Which is a hospital (other than a hospital primarily for the care and treatment of mentally ill or tuberculosis patients) or is operated in connection with a hospital, or
- 2. In which such nursing care and medical services are prescribed by, or are performed under the general direction of, persons licensed to practice medicine or surgery in the State. Institutions furnishing primarily domiciliary care are not included.

"Chronic disease hospitals" and "nursing homes" constitute "facilities for long-term care."

The priority ranking as applied to individual service areas is based on the range of percentage of needs met for acute and long-term facilities. This priority of projects has been developed in accordance with Section 53.81 to 53.87 inclusive of the Public Health Service Regulations. These rankings apply to both new construction and modernization.

PRIORITY	GENERAL HOSPITALS	LONG-TERM FACILITIES
A	0 - 25%	0 - 25%
В	26 - 50%	26 - 50%
C	51 - 75%	51 - 75%
D	76 - 99%	76 - 99%
E	100%	100%

DIAGNOSTIC AND TREATMENT CENTERS

Section 53.1 (g) of the Public Health Service Regulations defines a Diagnostic and Treatment Center as "A facility providing community service for the diagnosis and treatment of ambulatory patients (out-patients), which is operated in connection with a hospital, or in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the State, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State. This includes outpatient departments and clinics of public or nonprofit hospitals." For purposes of planning adequate services, it is accepted that the basic minimum facility to be classified as a Diagnostic and Treatment Center must include a clinical laboratory and X-ray.

It is recognized that every physician's office is primarily a diagnostic or diagnostic and treatment center which may be adequate for the need of many patients, depending on the nature and seriousness of the illness. However, the need for and use of more complicated modern equipment for exact diagnosis is becoming increasingly more important. Exact information is not available regarding the extent to which basic services are available in the physicians' offices throughout the State since they were not included in the inventory of existing centers. Such services will, however, be taken into consideration in planning new facilities.

In Montana most of the population is concentrated in the urban centers with considerable distance between the smaller towns. Because of the sparsely populated rural areas, it is felt that the general hospital service areas are suitable for consideration of available and needed diagnostic and treatment services. There are existing acceptable community hospitals in all areas where basic X-ray and laboratory services are available for outpatient use on an unorganized basis. Such facilities are not included in the Inventory of Diagnostic or Treatment Centers as giving "significant" service since complete statistics are not available, and "significant" is a relative measure depending on the demand for service. However, since many of the rural hospitals are new, their facilities appear to be adequate for basic services. Other services are referred to the larger hospitals. The hospitals with unorganized facilities will be considered when planning for additional services.

There are nine general hospitals in intermediate hospital service areas which have acceptable organized outpatient clinics. Seven of these facilities offer therapeutic X-ray service.

Section 53.51 of the Public Health Service Regulations provides that diagnostic and treatment centers shall be planned in sufficient number to make at least the basic minimum services readily available to all persons in the State. Provision of the basic minimum services requires facilities for examination of patients by a physician or a dentist, and the provision of clinical laboratory and diagnostic X-ray services.

In accordance with Section 53.52 of the Public Health Service Regulations, diagnostic and treatment centers are to be distributed to facilitate the necessary relationship between hospitals and diagnostic or treatment centers. The diagnostic and treatment centers are planned in the same areas used for distribution of general hospitals and facilities for long-term care.

In determining the need for additional facilities for diagnostic or treatment services special consideration will be given to areas in which there is a shortage of services provided by private physicians and dentists.

Section 53.84 of the Public Health Service Regulations states that for new construction the priority of diagnostic and treatment centers, projects shall be determined on the basis of relative need for additional diagnostic or treatment services in the area to be served by the project taking into account existing available services and their utilization.

It is recognized that there may be a need for diagnostic or treatment centers in outlying areas of the State; however, no specific areas are designated in this plan. Basic considerations used in determining priority factors are as follows:

- A. The availability of basic diagnostic and treatment centers in hospitals through the state.
- B. The extent to which services are available in local physicians' and dentists' offices.
- C. The extension of laboratory, pathological, and X-ray services of the larger hospitals to the smaller hospitals and local physicians.
- D. The availability of professional staff in the urban centers.
- E. The ability of the larger hospitals to finance and operate multiservice centers.

Relative need will be determined within the following general categories:

- Group A Service areas with no suitable diagnostic and treatment facilities.
- Group B Intermediate areas with a hospital which needs an acceptable outpatient department.
- Group C General hospitals in need of additional outpatient facilities for expanded and/ or additional services.
- Group D Areas where no additional organized services are needed.

Prior to approval of any application, need for the facility must be established by supporting information covering all existing diagnostic and treatment services (including those in private offices) available in the communities and justification for additional facilities. Applications for construction projects will be considered in order of their relative priority group.

As other needs develop, a more detailed priority schedule can be developed on an area or regional basis.

For modernization, the priority is determined by the ratio of existing conforming outpatient facilities in such areas. On this basis, the priority ranking is:

PRIORITY	PERCENT NEED MET
Д	0 - 25%
В	26 - 50%
С	51 - 75%
D	76 - 99%
E	100%

TUBERCULOSIS HOSPITALS

The Public Health Service Regulations in Section 53.21 state that the number of beds required to provide adequate hospital services for tuberculosis patients shall be determined:

- (a) In relation to the development of outpatient and community based programs and not as isolated inpatient programs; and,
- (b) On an estimated average occupancy rate of at least 80 percent of the current years existing beds, except where a lower rate is justified by the State Agency.

The State Pulmonary Disease Hospital (formerly the Montana State Tuber-culosis Sanitarium) at Galen has 245 beds in operation with an occupancy rate of 60.7 percent. This occupancy rate includes patients with silicosis and chronic chest diseases as well as tuberculosis patients. Modern treatment techniques and medicines combined with an efficient program of early detection have greatly reduced incidence of severity and length of a patient's hospital stay.

The reportable cases of active and probably active tuberculosis in Montana in 1964 and 1965 were 93 and 111 respectively. On the basis of 245 beds, the available beds per case are 2.63 for 1964 and 2.21 for 1965. In view of this, the State Board of Health does not anticipate a need for additional facilities. Therefore, no priority system for the expenditure of Federal funds for this category has been prepared and the relative need report has been omitted.

MENTAL HEALTH FACILITIES

The Public Health Service Regulations, Section 53.31, state that the State Plan developed under the Community Mental Health Centers Act, Public Law 88-164, and regulations thereunder shall constitute that portion of the plan for mental health services, beds and facilities required under the Federal Act (Hill-Burton program).

Public Law 88-164 contains non-duplication provisions for the construction of Mental Health Centers and Facilities for the Mentally Retarded. Hill-Burton funds may therefore not be used to assist in constructing a community mental health center project, or a portion thereof, as described in the legislation, within the State when funds are available for such a project from the State's allotment under Public Law 88-164. Instances will occur,

however, where funds are not available for mental health facilities projects under Public Law 88-164 and the commitment of Hill-Burton funds to such a project by the approval of a Part I of the application may be legal and appropriate.

PUBLIC HEALTH CENTERS

A public health center is defined as a publicly owned facility utilized by a local health unit for the provision of public health services, including related publicly owned facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers.

A local health unit is a single county, city, county-city, or local district unit where the primary function of the State district unit is the direct provision of public health services to the population under its jurisdiction.

The Public Health Service Regulations state that the number of public health centers to be planned in the State shall be adequate to meet the needs of the people of the State. The need shall be determined after consultation with the State Board of Health and with local health departments where such departments are operating independent units. The general method of distribution of public health centers throughout the State shall conform to the plan of organization of local health units within the State.

Highest priority in this category will be given to the provision of facilities for local health units serving rural communities and communities with relatively small financial resources. Each application for construction of a public health center or local health office will be evaluated as to staffing and program to be provided.

REHABILITATION FACILITIES

The Public Health Service Regulations, in Section 53.1, (h) define a rehabilitation facility as:

- (1) A facility providing community service which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program under competent professional supervision of (i) medical evaluation and services, and (ii) psychological, social, or vocational evaluation and services. The major portion of the required evaluation and services must be furnished within the facility; and the facility must be operated either in connection with a hospital or as a facility in which all medical and related health services are prescribed by, or are under the general direction of persons licensed to practice medicine or surgery in the State.
- (2) For the purpose of this paragraph:
- (i) An integrated program brings together as a team specialized personnel from the (a) medical, and (b) psychological, social, or vocational areas for the purpose of pooling information, interpretations and opinions for the development of a rehabilitation plan of services in which the disabled individual is viewed as a whole. When members of the team contribute to the

diagnosis and treatment of illness, their contributions must be coordinated under medical responsibility. These integrated services may be provided in a facility to care for many types of disabilities or a single type of disability.

- (ii) A disabled person is an individual who has a physical or mental condition which, to a material degree, limits, contributes to limiting, or if not corrected, will probably result in limiting, the individual's performance or activities to the extent of constituting a substantial physical, mental, or vocational handicap.
- (iii) Medical service, in the case of a rehabilitation facility operated in connection with a hospital, means a service under the direct personal supervision of a medical director, varied and extensive availability of specialized consultant, physical and occupational therapy department and occupational therapy services, and medical evaluation.
 - (iv) Medical service, in the case of a rehabilitation facility not operated in connection with a hospital, means medical supervision, availability by agreement of medical consultant, and evaluation and services suitable to the needs of the disabled persons to be served.
 - (v) Social service means evaluation and services by a qualified social worker in amounts and variety appropriate to the rehabilitation needs of the disabled persons to be served.
- (vii) Vocational service, in the case of a rehabilitation facility operated in connection with a hospital, means evaluation and services by a qualified vocational rehabilitation counselor in amounts and variety appropriate to the rehabilitation needs of the disabled persons to be served.
- (viii) Vocational service, in the case of a rehabilitation facility not operated in connection with a hospital, means those vocational services required in hospitals plus a variety of vocational services appropriate to the program and the persons to be served, such as prevocational exploration, work evaluation and vocational training.

The Public Health Service Regulations in Section 53.61 state:

"(a) Rehabilitation facilities shall be planned by each state so that all persons in the State shall have accesss to integrated rehabilitation services for all types of disabilities. The facility or facilities may be programmed in the State or by joint planning with one or more other States to serve the residents of such States. In determining the number of rehabilitation facilities and services needed, the State shall consider such factors as the particular needs of the population to be served and the scope and nature of service of the existing and proposed facilities."

Section 53.62 of the Public Health Service Regulations states:

"In determining the need for additional rehabilitation services as a basis for distribution of rehabilitation facilities, consideration shall be given to (a) rehabilitation services provided in existing facilities, avoiding duplication and overlapping of services; and (b) availability of rehabilitation services to people in all geographical areas."

The distribution of rehabilitation facilities is programmed on a statewide basis, the number, size, type and location depending upon consideration of the following factors:

- (a) Availability of medical, para-medical and other professional or trained personnel to provide the necessary evaluation and services.
- (b) The extent to which various types of disabilities will be provided for.
- (c) The extent to which the facility will be available for teaching purposes.

PRIORITY

The Public Health Service Regulations, in Section 53.85 state:

"Priority shall be given to rehabilitation facility projects in the order of importance as given below taking into consideration existing rehabilitation services in the community and the need for additional services in the community.

- (a) Facilities operated in connection with a university teaching hospital which will provide an integrated program of medical, psychological, social, and vocational evaluation and services under competent supervision.
- (b) Facilities offering rehabilitation services for multiple disabilities in hospitals and medical facilities capable of sustaining an organized department of physical medicine and rehabilitation.
- (c) All other rehabilitation facilities."

While Montana does not have a medical school, or a university teaching hospital, several units of the Montana University System do provide training of para-medical and other professional personnel. Applications for rehabilitation facilities will be considered for Butte, Havre, Helena, Kalispell, Miles City and Missoula.

Prior to approval of any application, need for the facility must be established by supporting information covering all existing rehabilitation services in the community to be served and justification for the additional facility desired.

The 1965 Amendments to the Vocational Rehabilitation Act authorize Federal funds to help construct new rehabilitation centers and workshops. It also assists in the acquisition of existing buildings, and the expansion, remodeling, alteration, and renovation of rehabilitation facilities and workshops. Such projects may also include assistance with the costs of initial equipment and the acquisition of land. This program is administered in Montana by the Division of Vocational Rehabilitation of the State Board of Education.

The State Board of Health will cooperate with the Division of Vocational Rehabilitation in coordinating their program with the Hill-Burton program.

2. SERVICE AREAS

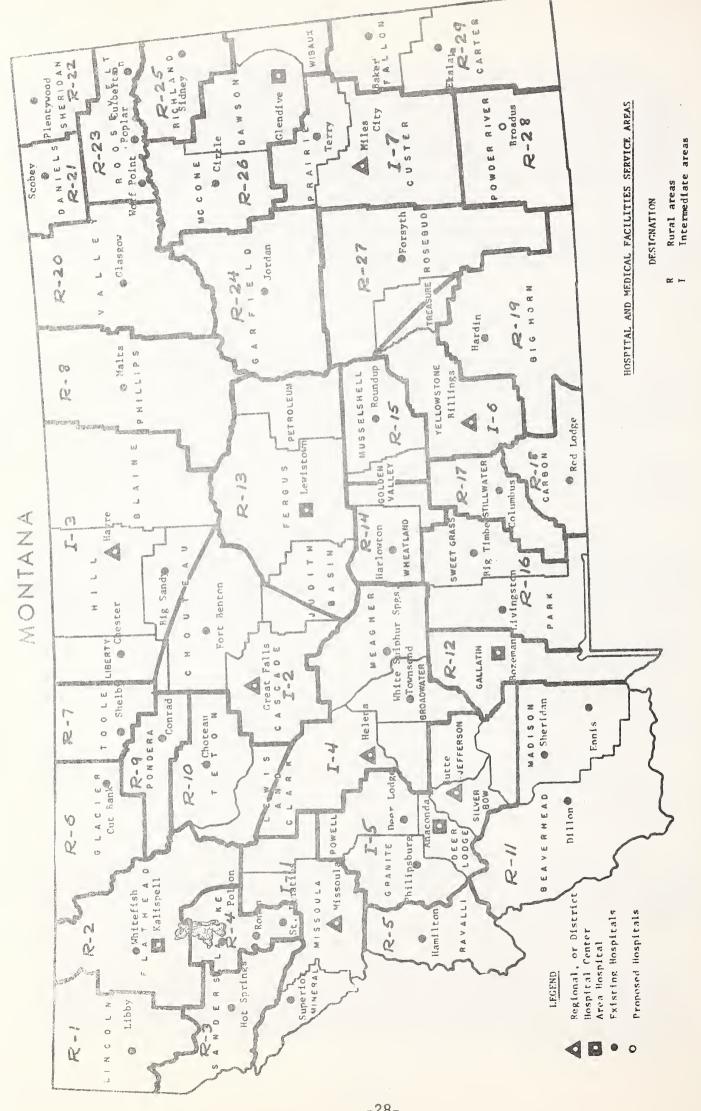
(a) Service areas for planning have been established on the basis of socio-economic factors, trade areas, transportation systems including time-distance factors, geographic features and existing patterns of medical care. Area boundaries do not in all cases coincide with political areas.

This revision establishes thirty-six (36) service areas for planning general hospital, long-term care, and diagnostic and treatment facilities. These are designated as rural and intermediate areas, there being twentynine (29) rural areas and seven (7) intermediate areas.

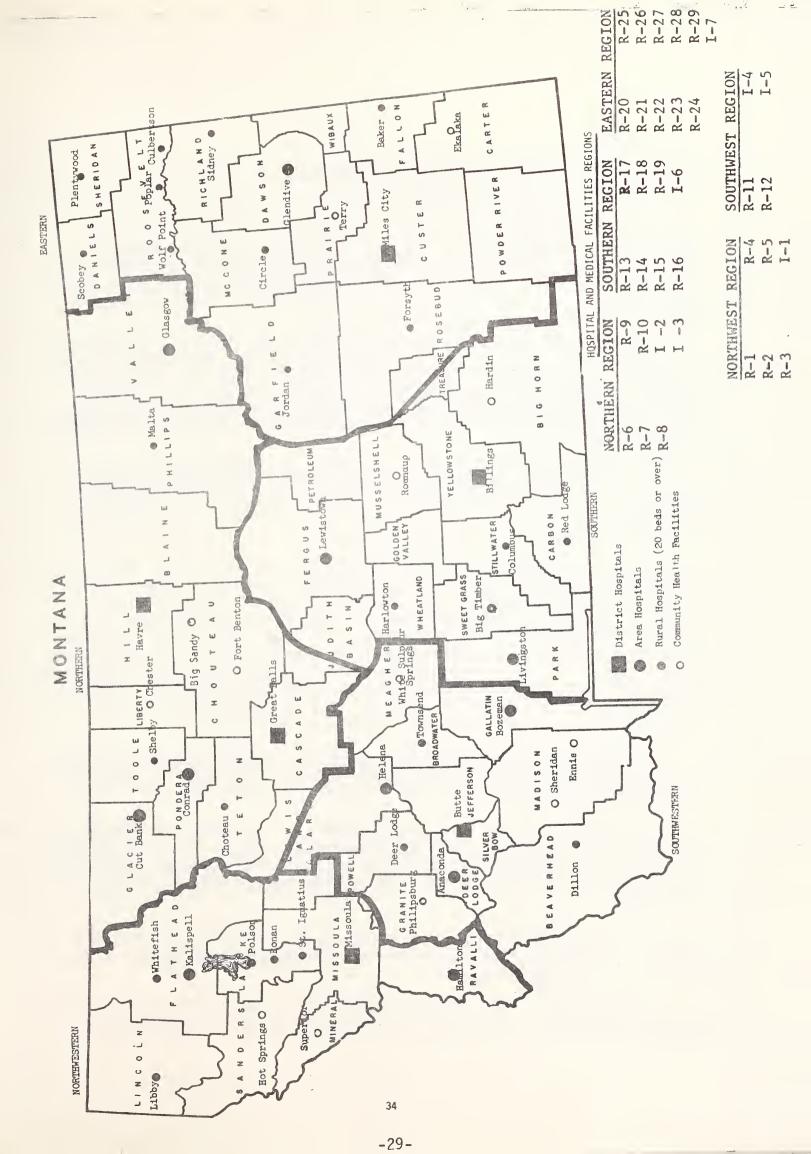
The original State Plan, in 1948, provided for twenty-four (24) rural areas and six (6) intermediate areas. At that time, an intermediate area was required by Federal Regulations to have a total population of at least 25,000 and upon completion of the construction program under the State Plan to have at least one general hospital with a complement of 100 or more beds. To meet the population requirements for an intermediate area, it was necessary to combine several counties without regard to medical care patterns. This revision takes these inadequacies in account.

The State Board of Health will continue to study area boundaries and propose changes when needed to accurately reflect shifts in population, new transportation arteries and other significant factors.

- (b) The service areas for Long-Term Care are the same as for General Hospitals and for Diagnostic or Treatment Facilities; however, political organization requires planning for Public Health Centers by separate counties or by city-county combinations.
- (c) Tuberculosis Hospitals are on a Statewide basis. This has also been true for Mental Facilities; however, these facilities are now being planned on a Regional basis. Rehabilitation facilities are also being planned on a Regional basis.
- (d) The General Hospital, Long-Term care and Diagnostic or Treatment Facilities Service Areas are shown on the map on Page . In addition to these, the state has been divided into Regions for purposes of planning total health and related facilities. These Regions, with minor boundary adjustments, are also used for the planning of community Mental Health Centers and for Facilities for the Mentally Retarded. The Regional Map is shown on Page 29.



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PLANT RATING TECHNIC

For each hospital there is on file a Summary Worksheet, the data for which is taken from checklists corresponding with the breakdown on the Inventories: Parts A and B as evaluation of complete buildings, Part C as a measure of conforming and nonconforming beds in individual nursing units, and Part D as a measure of selected but essential service departments.

Part A, in a sense, reflects the "suitable" and "unsuitable" ratings of the past. Each consecutive addition (building, wing, or unit) of the hospital is rated as to whether it is "obviously unsuitable for hospital and medical purposes." The emphasis is upon meeting fire-resistive standards, failing which that unity of the hospital and all its beds are rated nonconforming.

Part B reflects safety of structure. Scoring is arranged so that buildings with certain combinations of deficiencies are considered non-conforming. In such cases, all beds in the affected unit are classified as nonconforming.

Assuming the particular building unit has not been disqualified under Part A, the nursing units per se are then examined to determine the suitability of individual patient rooms. All beds in any room that fail to meet criteria, all of which are given equal weight, are rated nonconforming. The disqualifications include: (1) lack of a nurse's call device available to each bed, (2) inadequate floor area per bed, (3) lack of windows, (4) lack of direct access to corridor, (5) opening onto corridor less than 7 feet wide, (6) lack of access to elevator, (7) below grade level, (8) lack of access to nurses' station or utility room, and (9) lack of access to toilet, bedpan, bath, or handwashing facilities.

In approaching this particular evaluation, the new definition of bed capacity is used and not necessarily the hospital's own count of beds nor the licensed bed figure.

Part D evaluates key service departments to determine deficiencies in physical plant which affect department functions. Where the survey proved that the service departments are "nonconforming", fifty percent of all beds found conforming under the three prior evaluations are thereby listed nonconforming.

The purpose of the plant evaluation is to establish a uniform basis among the states and relative need in the various areas within each State as a basis for priority ranking.

Modernization is the obvious solution for correcting deficiencies in service departments. This becomes an important factor in determination of priority.

POPULATION

The Public Health Service Regulations require that the latest figures of civilian population, certified by the Federal Department of Commerce, be used for planning purposes and that such population be distributed among the various areas. This also applies to projected population.

According to the U. S. Bureau of Census, Series P-25, No. 324 dated January 20, 1966, the provisional estimate of civilian population for Montana as of July 1, 1965 is 696,000.

The projected civilian population for Montana as of 1971 is shown as 753,000 in the U. S. Bureau of C ensus illustrative projections in their Series P-25, No. 326, dated Fedruary 7, 1966.

The U.S. Bureau of Census provisional estimates of population aged 65 and over as of 1971 as given in their Series P-25, No. 326, dated February 7, 1966 for Montana is also 67,000.

Population Estimates by Region and Service Area and Population Estimates by County are shown in the accompanying tables.

POPULATION ESTIMATES BY REGION AND SERVICE AREA

Region and Area	County	Population	Aged 65 Percent	and Over Number	Project Popu- lation	ed 1971 65 and Over
Northweste	rn	130,300		13,906	141,200	13,906
R-1	Lincoln	13,500	7.3	983	17,400	983
R-2	Flathead	34,200	11.4	3,890	35,000	3,890
R-3	Sanders	6,900	13.3	918	6,500	918
8-4	Lake	13,400	13.3	1,780	11,900	1,780
R-5	Ravalli	12,400	14.6	1,810	13,000	1,810
I-1	Missoula Mineral Powell (Part)	46,200 3,200 500 49,900	9.2 7.3 9.8	4,242 234 49 4,525	52,300 4,500 600 57,400	4,242 234 49 4,525
Northern		159,200		13,111	177,100	13,111
R-6	Glacier	12,600	5.9	742	13,200	742
R-7	Toole	7,900	7.8	615	8,400	615
R-8	Phillips	6,000	13.2	79 0	5,400	790
R-9	Pondera	7,600	8.3	631	8,100	631
R-10	Teton Lewis and Clark (Part)	7,200 900 8,100	10.0 10.3	719 93 812	6,900 900 7,800	719 93 812
I-2	Cascade Chouteau (Part) Judith Basin (Part) Liberty (Part)	78,900 5,400 700 400 85,400	7.7 10.6 10.5 6.3	6,065 570 74 31 6,740	93,400 5,100 500 400 99,400	6,065 570 74 31 6,740
1-3	Hill Blaine Liberty (Part) Chouteau (Part)	19,300 8,100 2,200 2,000 31,600	8.2 10.6 6.3 10.6	1,580 857 132 212 2,781	23,000 7,400 2,500 1,900 34,800	1,580 857 132 212 2,781

Region and Area	County P	opulation	Aged 65 Percent	and Over Number	Project Popu- lation	ed 1971 65 and Over
Southwestern	_	152,600		15,850	166,000	15,850
R-11	Beaverhead Madison (Part)	7,300 2,500 9,800	11.5 13.5	839 338 1,177	7,700 3,000 10,700	839 338 1,177
R-12	Gallatin	27,100	8.9	2,410	31,000	2,410
I -4	Lewis & Clark (Part Broadwater Meagher Jefferson (Part)	2,800 2,800 2,600 2,700 36,300	10.3 11.5 11.0 9.8	2,897 320 285 265 3,767	31,000 2,600 3,300 2,900 39,900	2,897 320 285 265 3,767
I - 5	Deer Lodge Silver Bow Granite Powell (Part) Jefferson (Part) Madison (Part)	18,500 47,200 3,000 6,900 1,700 2,100 79,400	10.1 11.0 10.8 9.8 9.8 13.5	1,860 5,190 323 676 165 282 8,496	20,100 50,200 3,200 7,100 1,700 2,100 84,400	1,860 5,190 323 676 165 282 8,496
Southern		147,200		14,141	163,500	14,141
R-13	Fergus Petroleum Judith Basin (Part)	14,600 900 2,300 17,800	13.6 11.1 10.5	1,980 100 240 2,320	13,500 800 2,300 16,600	1,980 100 240 2,320
R-14	Wheatland Golden Valley (Part	3,000 700 3,700	13.4 14.5	400 104 504	2,700 600 3,300	400 104 504
R-15	Musselshell Golden Valley (Part	4,900 500 5,400	14.3 14.5	700 69 769	4,100 400 4,500	700 69 769
R-16	Park Sweet Grass	13,100 3,200 16,300	11.8 15.2	1,540 485 2,025	13,900 2,800 16,700	1,540 485 2,025
R-17	Stillwater	5,300	11.9	630	5,200	630
R-18	Carbon	7,900	15.0	1,180	6,400	1,180
R-19	Big Horn	10,000	7.4	739	10,200	739
I-6	Yellowstone Treasure (Part)	80,200 600 80,800	7.4 9.0	5,920 54 5,974	100,000 600 100,600	5,920 54 5,974

Region and Area	County	Population	Aged 65 Percent	and Over Number	Projecte Popu- lation	65 and 0ver
Eastern		106,700		9,992	105,200	9,992
R-20	Valley	22,700	6.5	1,470	21,700	1,470
R-21	Daniels	3,800	11.5	435	3,200	435
R-22	Sheridan	6,600	12.1	799	5,700	799
R-23	Roosevelt	11,700	9.4	1,100	13,000	1,100
R-24	Garfield	2,000	11.1	222	1,700	222
R-25	Richland	10,600	10.6	1,120	10,000	1,120
R-26	McCone Dawson Wibaux	3,300 12,600 1,700 17,600	9.8 7.4 11.3	322 930 192 1,444	3,200 15,400 1,400 20,000	322 930 192 1,444
R-27	Rosebud Treasure (Part)	6,200 700 6,900	10.4	640 62 702	5,600 600 6,200	640 62 702
R-28	Powder River	2,500	9.7	242	2,200	242
R-29	Fallon Carter	4,000 2,400 6,400	8.9 10.3	354 246 600	4,200 2,100 6,300	354 246 600
I-7	Custer Prairie	13,600 2,300 15,900	11.8 11.1	1,603 255 1,858	13,200 2,000 15,200	1,603 255 1,858
STATE TOTA	L	696,000		67,000	753,000	67,000

POPULATION ESTIMATES BY COUNTY

July 1, 1965

County	Population	Aged 65 and ov Percent Numb		Projected 1971 Aged 65 and over Percent Number
County Beaverhead Big Horn Blaine Broadwater Carbon Carter Cascade Chouteau Custer Daniels Dawson Deer Lodge Fallon Fergus Flathead Gallatin Garfield Glacier Golden Valley Granite Hill Jefferson Judith Basin Lake	7,300 10,000 8,100 -2,800 -7,900 -2,400 -78,900 -7,400 -13,600 -3,800 -12,600 -18,500 -4,000 -14,600 34,200 -27,100 -2,000 12,600 1,200 -3,000 -19,300 4,400 3,000 13,400	Percent Numb 11.5 7.4 10.6 11.5 15.0 10.3 7.7 10.6 11.8 11.5 7.4 10.1 10.1 8.9 13.6 11.4 3.8 8.9 2.4 11.1 5.9 14.5 10.8 8.2 9.8 10.5		Aged 65 and over
Lewis & Clark Liberty Lincoln McCone Madison Meagher Mineral Missoula Musselshell Park Petroleum Phillips Pondera Powder River Powell Prairie Ravalli Richland Roosevelt Rosebud Sanders Sheridan	29,100 2,600 13,500 3,300 4,600 2,600 3,200 46,200 4,900 >13,100 900 6,000 7,600 2,500 7,400 12,400 10,600 11,700 >6,200 6,900 6,600	10.3 2,9 6.3 7.3 9.8 13.5 11.0 7.3 9.2 4,6 14.3 11.8 11.1 13.2 8.3 9.7 9.8 11.1 14.6 10.6 1, 9.4 13.3 12.1	990 32,000 163 2,900 983 17,400 322 3,200 620 5,100 285 3,300 234 4,500 242 52,300 700 4,100 540 13,900 100 800 790 5,400 631 8,100 242 2,200 725 7,700 255 2,000 810 13,000 120 10,000 100 13,000 640 5,600 918 6,500 799 5,700	10.3 2,990 6.3 163 7.3 983 9.8 322 13.5 620 11.0 285 7.3 234 9.2 4,242 14.3 700 11.8 1,540 11.1 100 13.2 790 8.3 631 9.7 242 9.8 725 11.1 255 14.6 1,810 10.6 1,120 9.4 1,100 10.4 640 13.3 918 12.1 799

County	Population	Aged 65 Percent	and Over Number	Projected Population 1971	Aged 65 Percent	and Over Number
Silver Bow Stillwater Sweet Grass Teton Toole Treasure Valley Wheatland Wibaux Yellowstone	47,200 5,300 3,200 7,200 7,900 1,300 22,700 3,000 1,700 80,200	11.0 11.9 15.2 10.0 7.8 9.0 6.5 13.4 11.3 7.4	5,190 630 485 719 615 116 1,470 400 192 5,920	50,200 5,200 2,800 6,900 8,400 1,200 21,700 2,700 1,400	11.0 11.9 15.2 10.0 7.8 9.0 6.5 13.4 11.3 7.4	5,190 630 485 719 615 116 1,470 400 192 5,920
			67 000	750,000		67,000
TOTAL	6 96,0 00		67,000	753,000		67,000

DETERMINATION OF BED NEED

A. General Hospitals

The method adopted is in accordance with the procedure established in Form PHS, 708-2 as follows:

- (a) Multiply the current use rate (annual patient days per 1,000 of area population) by projected area population and divide by 365 to obtain the projected average daily census.
- (b) Divide the projected average daily census by .80 (occupany factor) and add 10 to obtain the number of beds for the area.

B. Long-Term Care Facilities

- (a) Same as in (a) above, substituting population figures age 65 and over.
- (b) Same as in (b) above, except use of .90 as the occupancy factor instead of .80.
- (c) A use rate of 13,056 was used for Service Areas without facilities, or without adequate utilization experience. This use rate is the average of sixteen (16) service areas having reasonable experience.

C. Tuberculosis Hospitals

The Statewide bed need was determined by the Public Health Service formula using the current average daily census divided by 0.80 (occupancy factor).

D. Mental Facilities

For purposes of this plan the bed needs were determined by the Public Health Service formula using the current average daily census divided by 0.90 (occupancy factor). Also refer to the 1966-1967 Montana State Plan for Community Mental Health Centers Construction.



CHAPTER IV

PROGRAM FOR EACH SERVICE AREA GROUPED BY REGIONS

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

		ADJUSTED BED NEED		12		65	
FISCAL YEAR	/061	ADJUSTMENT (Explain in Area Narrative)		11		16	
3. FISCA		GEN. Col. 9 + 10 LTC. Col. 9 + 10		10	30	49	
		PROJECTED ADC Col. 6x Col. 8		6	16	35	
		USE RATE Col. 7 Col. 5		00	340	13.056 2/	
ATE	Montana	PATIENT DAYS (Current)		7	4,588	(3.875)	
2 STAT		IAN ATION Sands)	PROJECTED	9	17.4	0.98 1/ (3.875)	of control of the state of the
		CIVILIAN POPULATION (In thousands)	CURRENT	ss.	13.5	0.98 1/	
$1.~\Delta REA$	8-1 Libby	CATEGORY		4	GENERAL HOSPITALS	LONG-TERM CARE FACILITIES	

AREA NARRATIVE

Area R-1 - Libby

With minor This service area consists of Lincoln County, with Libby being the largest community in the area. exceptions, industry is confined to lumber and wood products and limited mining. Transportation This is mountainous area with transportation routes following the valleys of the mountain ranges. s is adequate by highways and railroad.

from Libby and when completed will back water to within a few miles of Eureka. The construction will involve relocation of the railroad and highways in the county. The Corps of Engineers estimates that approximately 530 workers will be located in the area during peak 1966: 1,200 by mid-1967; 2,200 in 1968, 1969 and 1970. Over 1,800 are estimated for mid-1971 and about 1,500 at mid-1972. The project is scheduled to be completed in 1973. This is to be located 17 miles upstream Construction of the \$352 million Libby Dam was scheduled for March 1966.

No additional hospital beds are scheduled for construction in the area at this time due to the construction of the dam. It is anticipated that the occupancy of the hospital will increase due to the influx of workers.

allow for the construction of a 65 bed nursing home which will also provide beds for medicare. This facility will replace the present long-term care facility which is a two-story converted residential dwelling of non-fire resistive construction. The existing hospital at Libby is in need of modernization with planning under way for the expansion of emergency An adjustment of 16 beds was made in the long-term care category to and out-patient facilities and other services.

1/ Population age 65 and over.

.Use rate of 13.056 is average of sixteen (16) service areas having reasonable experience.

HEALTH, EDUCATION, AND WELF RE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20310

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NT OF HEALTH, EDU PUBLIC HEALTH WASHINGTON, D	4.	IDENTIFICATION		NAME OP COUNTY	7	Lincoln			Lincoln		
DEPARTME	3. AREA R-1, Libby	IDEN		SATEGORY NAME OF FACILITY	9	GENERAL St. John's Lutheran	AREA TOTAL	LONG-TERM CARE NURSING HOMES Lincoln County	Nursing Home	AREA TOTAL	7-65

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

R-2, Flathead County	nty		2. STATE	Montana	でで やうなごな アニング でんさい (2000年) 高小本 (1972年) 大学 (1972年) というにいる (1972年)	3. FLSCA	3. FISCAL YEAR 1967	7
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4	v	9	7	80	6	10	11	12
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ONG-TERM CARE FACILITIES 3.89 - 3.89 - 46,101	3.89 -	$3.89 \frac{1}{3.89}$	46,101	11851	126	150		
AREA NARRATIVE			THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF	A THE PARTY OF THE	TOTAL STREET, TOTAL STREET, ST	A STATE OF THE PROPERTY OF THE PARTY OF THE	A CALL COMMENT OF THE PROPERTY	

Whitefish, and Columbia Falls. The major industries in the area are logging, lumber, wood products, agriculture, fruit growing, and livestock. This is also a recreational area for boating, skiing, fishing, etc. with many summer homes located on the shores of Flathead and Whitefish Lakes and in other areas. The West This service area consists of Flathead County. The largest communities in the area are Kalispell, Entrance to Glacier Park is located 16 miles from Columbia Falls.

to the construction of the Libby Dam, it will be necessary to relocate 59 miles of Great Northern Railway line and construct a 7.7 mile tunnel. This will require approximately three and one-half years and cost approximately \$123 million. Due to the high hazard of tunnel work, increased utilization of the hospitals Due to the moderate climate and scenic country many persons retire in this area, which in part, accounts for the large number of persons aged 65 and over. Highways and railroads follow the valleys. at Whitefish and Kalispell is anticipated.

beds has been made for this area to allow for a 50-bed facility at Whitefish. This hospital serves the area for Eureka to Whitefish, and east to Columbia Falls, location of the Anaconda aluminum plant, HungryaHorse An adjustment for 17 The two hospitals at Kalispell are in need of modernization while the facility at Whitefish is in need of replacement. This is a frame structure of non-fire resistive construction. An adjustment for I Dam and the West Entrance to Glacier Park.'

In the long-term care category, 7 new beds are needed for the area with modernization of Facilities

1/ Population age 65 and over.

15-703 6 V. 2 67 Budget Buchan No.

Form Approved

DEPARTMENT 18
MEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20810

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DEPARTMEN	3. AREA R-2, Flathead County	IDEN			SATEGORY NAME OF FACILITY	9	GENERAL Momonial	Whitelish Memorial	Kalispell General	Flathead County	AREA TOTAL	LONG-TERM CARE	Nursing Home	Immanual Lutheran	AREA TOTAL	

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20010

DETERMINATION OF AREA BED NEED AND AREA NARRA LIVE

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This area consists of Sanders County only. The larger communities are Thompson Falls, Plains, and Hot Springs. Industry, in general, is confined to logging, lumber and wood products. This area has some of the most rugged terrain in the United States with transportation routes following the valleys parallel to the mountain ranges which is considered adequate. The hospital at Hot Springs is in need of modernization and an additional seven beds due to high utilization of the facility. The long-term care beds at Hot Springs are more than adequate for the area.

1/ Population age 65 and over.

PUBLIC REALTH 5 RVICE SILVER SPRING, MARYLAND 2087

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DEPARTMENT	T OF HEALTH, EDU PUBLIC HEALTH WASHINGTON, D	OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	Ш			1. STATE	Montana	là				2. c s c b r p p 1967
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LONG-TERM CARE NURSING HOMES Hot Springs Manor	Sanders	Hot Springs	Prop.	39	0	0	0	0	ŧ	39	39	7.876
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PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 25910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-4, Lake County	Andrew III. (Antro B. 20.20). (Antro B. 20.20). (Antro B. 20.20). (Antro B. 20.20).	2 5 7	STATE Montana		1	VYZNETYNJENOM OVEROVENINE STREETHEN	FISCAL YEAR 1967	A TOTAL AND MAN AND A CAMPANIAN AND A CAMPANIA
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GENERAL HOSPITALS	13.4	11.9	21,595	1,612	53	9/		
LONG-TERM CARE FACILITIES	1.78 J	1.78 1/	1.78 1/ 1.78 1/ (14,221)	13,056 2/	64	81		

AREA NARRATIVE

-48-

Flathead Lake. This accounts for the high percentage of persons age 65 and over. The larger communities are Polson, Ronan and St. Ignatius. The industries are logging, lumber, wood products, agriculture, dairying, fruit growing This area was formerly included in the Flathead and Missoula Service Areas. The hospitals at St. Ignatius and The scenic beauty and mild climate attracts many retired persons to locate there, particularly on the East Shore of Polson have been serving the area for many years, definitely establishing Lake County as a service area. This is mountainous country with most of Flathead Lake within its confines and is served by a network of good highways. and livestock. This is also a recreational area for boating, fishing, etc.

The hospitals at Ronan and Polson are programmed for modernization. The nursing home at the St. Joseph Hospital, Polson, is in need of replacement due to the construction of the existing building.

- 1/ Population age 65 and over
- Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience. 77

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-49-																
LONG-TERM CARE NURSING HOMES																
Polson Ronan St. Ignatius	Lake Lake Lake			000	-00	13	0000	000	8 8 8	13	58 13	39	19			
TOTAL		m	m	С		42	19	C	1	23	81	39	19	28	5.5	0
DIAGNOSTIC OR TREATMENT CENTERS							manusky 1000-year old Filologia (1886) (State (1886) (Stat									
Polson St. Ignatius Ronan	Lake Lake Lake			000	-C-	nggine six vs. acceptantial acquisition in 1888 for										
TOTAL		3	8	0	2						DEPOSITION COL			33	33	į
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AREA SUMMARY AND PROGRAM

PHS-708 7

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE	10000 O E 140 F O 1411 O 4 21

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LONG-TERM CARE NURSING HOMES												
St. Joseph's Rest Home	Lake	Polson	NPA	6	(larte Q	0	0	0	1	0	4	7,915
Conne Nursing Home	Lake	Ronan	Prop.	13	0	0	0	0	ſ	13	က	4,229
Holy Family Hospital	Lake	St. Ignatius	NPA	0	0	0	0	0	ł	10	10	2,077
AREA TOTAL				42	19	0	0	С		23	17	14,221
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HEALTH, EGUCATTOM, AND WELFARE, PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

I. AREA		2 STATE	T E			3. FISCA	FISCAL YEAR	
R-5, Hamilton			Montana				1967	
CATEGORY	CIVI POPUL (In tho	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6 x Col. 8	BED NEED GEN. Col. 9 +10 LTC. Col. 9 +10	ADJUSTMENT (Explain in Area	
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GENERAL HOSPITALS	12.4	13.0	8,444	681.	24.	40		The second secon
LONG-TERM CARE FACILITIES	1.81	1.81 1/ 1.81 1/	11,281	6233	31	44		

AREA NARRATIVE

The area consists of Ravalli County only. The larger communities are Hamilton, Stevensville and Victor. minor exceptions, the industry is logging, lumber and wood products, agriculture, stock raising and some fruit growing. The Rocky Mountain Laboratory of the U.S. Public Health Service is located at Hamilton.

The area is primarily a valley between mountain ranges with the highway following the valley. The railroad also follows the valley and terminates at Darby. The latter does not provide passenger service. The area is served by a good highway.

-51-

The relatively mild climate and scenery make this an attractive area for persons in retirement. This, in part, accounts for the high percentage of 14.6 percent or 1,810 persons aged 65 and over.

The hospital at Hamilton is in need of modernization and an additional eight beds. Facilities for long-term care are considered more than adequate.

1/ Population age 65 and over.

Budger Fureau No. 68-R89

SILVER SPRING, MARYLAND 2001

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Hamilton	Ravalli		-	0		32	32	0	•	0	40	®	32			
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LONG-TERM CARE NURSING HOMES				and the state of t												
Hamilton	Ravalli	F	p	0	0	96	0	0	1	96	44	0	0			
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DIAGNOSTIC OR TREATMENT CENTERS																
Hamilton	Ravalli		_	0			-0006-0006-0006-000									
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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	4. PERIOD COVERED BY INVENTORY January 1, 1965 - De			tu 2 4	7 A A A A A A A A A A A A A A A A A A A	ω	Hamilton		Hamilton 3		,	INVENTORY
NT OF HEALTH, EDUC PUBLIC HEALTH WASHINGTON, D.	4.	IDENTIFICATION			N A M E O O F T ≺	7	12400 Ravalli		Ravalli			
DEPARTME	. AREA D C Usmilton				ATEGORY NAME OF FACILITY	σ	GENERAL Marcus Daly	S AREA TOTAL	LONG-TERM CARE NURSING HOMES Valley View Estates	AREA TOTAL		PHS-708-2 18W 10-7-65

HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

I. AREA I-1, Missoula		2 STAT	TE M o ntana			S. TI SCA	FISCAL YEAR 1967	Yanging Material anguesta (1920-1944) yang meng-manay salar (1904
CATEGORY	CIV POPU (In the	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7	PROJECTED ADC Col. 6x Col. 8	GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narratire)	4 8 0 0 0 0 0 0 0 0 1 0 0 0 0 0
	CURRENT	PROJECTED				uy.		
4	5	9	7	80	O	10	-	21
GENERAL HOSPITALS	6.67	57.4	78,855	1,580	248	321		
LONG-TERM CARE FACILITIES	4.53 1/ 4,53	/ 4,53 1/	49,303	13,056 2/	162	190	-	

AREA NARRATIVE

logging, lumber and wood products with some agriculture, stock raising, dairying and manufacturing. This is mountainous area with transportation routes following the valleys. Missoula is the trade center for Western Montana and is the location of the University of Montana and the U. S. Forest Service. It is also considered as the medical center for This service area consists of Missoula and Mineral Counties and a portion of Powell County. Industry is chiefly

The area has four hospitals, all of which are non-conforming. The existing rehabilitation facility at Missoula is in need of replacement. Long-term care facilities are adequate with the exception of those at Superior which are in need of replacement.

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and operated by the Northern Pacific Beneficial Association, whose membership is confined to employees of the Northern Pacific Railroad over a wide area. In the past, 55 beds were reserved for N.P.B.A. members with 16 beds available for community service. Beds are no longer restricted or reserved for N.P.B.A. members and all beds are available to the The Northern Pacific Beneficial Association Hospital at Missoula is a 71-bed Medical-Surgical hospital owned community and N.P.B.A. on a first come, first served basis. While this facility is licensed for 71 beds, the modernization survey revealed a capacity of 65 beds.

- 1/ Population age 65 and over.
- Use rate of 13.056 is average of sixteen (16) service areas having reasonable experience. 2

MEALTH, EDUCATION, AND WELF PUBLIC MEALTH SERVICE SILVER SPRING, MARYLAND 208

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AREA SUMMARY AND PROGRAM

PHS-708-7

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	4. PE		IDENTIFICATION		A A A A O O O M M M M M M M M M M M M M	7	A. A	Mineral 320	Missoula46700	Missoula	Missoula			Mineral	Missoula	Missoula	Missoula	Missoula	
DEPARTMENT		I-1, Missoula Intermediate	IDENT		ATEGORY NAME OF FACILITY			Mineral Hospital	a Community			AREA TOTAL	LONG TERM CARE	Mineral Hospital	Hillside Manor	Royal Manor	St. Patrick Hospital	Wayside Sanitarium	AREA TOTAL

HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

3. FISCAL YEAR	1967	ED ADJUSTMENT (Explain ADJUSTED in Area BED NEED		11		
THE PROPERTY OF THE PARTY AND PARTY OF THE P		GEN. Col. 9 + 10 .80 LTC. Col. 9 .10		01	54	49
		PROJECTED ADC Col. 6xCol. 8	,	6	35	35
		USE RATE Col. 7 Col. 5		oo.	970	17189
	Montana	PATIENT DAYS (<i>Current)</i>		7	12,224	12,720
2 STAT		CIVILIAN DPULATION thousands)	PROJECTED	9	13.2	0.74 1/ 0.74 1/
	es especialment en accompany accompany accompany accompany accompany accompany accompany accompany accompany a	CIVILIAN POPULATION (In thousands)	CURRENT	5	12.6	0.74 1/
1. AREA	R-6, Glacier County	CATEGORY		4	GENERAL HOSPITALS	LONG-TERM CARE FACILITIES

AREA NARRATIVE

Continental Divide, is relatively flat and the beginning of the Great Plains. The principal industries are agri-Principle communities are Cut Bank and Browning, with the East Entrance to Glacier Park at This area contains Glacier County, including the Blackfeet Indian Reservation. This lies east of the culture, stock raising, oil production and refining. The area is served by adequate highway and railroad transportation. East Glacier.

There is one general hospital in the area rendering community service which is in need of modernization and an additional ten beds. The U.S. Public Health Service operates a hospital for the Indian population at Browning. In the long-term care category, fifteen beds are to be added and twelve beds to be modernized

1/ Population age 65 and over.

HEALTH, FOUCATION, AND WEL-ARL PUBLIC REALTH SERVICE SILVER SPRING, MARYLAND 205'D

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D c Glacier County	CURPENT	FNT		da	PPOJECTED	Q	CURRENT	IN		PROJECTED	TED	li	Montana	manufacture of the state of the		
	12,600	00		Andrew Company of the	13,200			742		742	2	8 F 80	1967			Villa de la companya
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GENERAL HOSPITALS							-		ayaya casa waxaya kilin							
Cut Bank G1	Glacier			0	games .	44	44	0	0	0	54	10	44			
TOTAL			p-u-a	0	-	44	44	0	9	0	54	10	44	0	0	0
LONG-TERM CARE S NURSING HOMES																
nagagagan dan salaman da Alaba Pad	Glacier	2	2	0	6	34	12	0	0	22	49	15	12			
TOTAL		2	2	0	-	34	12	0		22	49	15	12	45	65	0
DIAGNOSTIC OR TREATMENT CENTERS													· · · · · · · · · · · · · · · · · · ·			
Cut Bank G1	Glacier	grand or the	-	С												
TOTAL		-		0	p									0	0	
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PHS-708-7	*			AREA	AREA SUMMARY		AND PROGRAM	·		na are a communication and a co		RM APPR	FORM APPROVIDE	6. A.		

EPARTMENT OF HEALTH, EDUCATION, AND WELFARE	PUBLIC HEALTH SERVICE	WASHINGHON, D.C. 20201
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B. AREA R-6, Glacier County	4,	4. PERIOD COVERED BY January J.	N V V V V V V V V V V V V V V V V V V V	1965 - December	31,	1965				5. Page	10	3
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		NAME	i freeze		→ B	FEDERAL	STANDARDS	SDS	1	9		
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GENERAL											m dy space of the state of the	THE STATE OF THE PROPERTY OF T
Glacier County Memorial	Glacier	Cut Bank	Z Z	44	44	0	0	0	Î	0	1,275	12,224
AREA TOTAL	12600		, notes	44	44	0	0	0	c	0	1,275	12,224
60-												
LONG-TERM CARE NURSING HOMES							,					
Glacier County Nursing Home	Glacier	Cut Bank	NPA	12	2	0	0	0	1	0	ĸ	5,024
Glacer Rest Home	Glacier	Cut Bank⊗	Prop	22 1/	0	0	0	0	1	22	6	7,696 2
AREA TOTAL				34	12	0	0	0	•	22	14	12,720
1/ No plant evaluation made of	n made of this	facility.								,		
2/ Licensed as a nurs	a nursing home December 20, 1965	ber 20, 1965										
PHS-708-2 IIIW IC.												
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FEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA		2 STATE	4 TE			3. FISCA	FISCAL YEAR	
R_7 Toole County			Montana			19	1967	
CATEGORY	CIVI POPUL (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8 365	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	ADJUSTED BED NEED
	CURRENT	PROJECTED				.90		
4	S	9	7	ω	6	10	11	12
GENERAL HOSPITALS	7.9	8.4	4,478	567	13	26		
LONG-TERM CARE FACILITIES	0.62 1/	0.62 1/0.62 1/	10,768	17368	30	44		

AREA NARRATIVE

This service area consists of Toole County. This has a relatively flat terrain and has good transportation by highway and railroad. Industries are chiefly agriculture, stock raising, oil production and refining.

The existing hospital at Shelby is in need of modernization. Long-term care facilities in the area are adequate at present.

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1/ Population age 65 and over.

Form Approved Budget Bureau No. 68-1999 PUBLIC JEALTH SERVICE SILVER SPTHG, MAR' LAND 2011

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	Montana	A YEAR	KAKHU	- American succession	DEBNIZED BE		19		56	26	0	0			
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で、 ACCUPATION ACCUPA	A CO		ಾತವರ ಕಾರ್ವದಿಗಳು		NAME OF COUNTY				Toole		Toole		Toole		
Commensus Total State State of the Commensus of the Comme	R-7, Toole County		LOCATIO		CATEGORY	and the second s	6	GENERAL HOSPITALS	Shelby	TOTAL	LONG-TERM CARE NURSING HOMES Shelby	TOTAL	DIAGNOSTIC OR TREATMENT CENTERS Shelby	TOTAL	

OE? ARTMEN	TOF HEALTH, EDUPUBLIC HEALTH	DEFARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	ſIJ			1. STATE	Montana	là				2. F1967 E
AREA R_7 Toole County	4.	PERIOD COVERED BY	BY INVENTORY	December	31, 16	1965				5. Page	jo	0.280
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9	7	8	6	10	=	12	13	14	15	16	17	(8)
GENERAL Toole County	7900 Toole	She1by	NPA	37	0	37	0	0	1	0	851	4,478
AREA TOTAL				37	0	37	C	0	0	0	851	4,478
LONG-TERM CARE NURSING HOMES Toole County Nursing Home	Toole	Shelby	NPA	34	0	0	0	0	1	34	48	10,768
AREA TOTAL				34	0	0	0	0	1	34	48	10,768
245-708-2 HW 1-7		INVEN	TORY C	INVENTORY OF INPATIENT FACILITIES	NT FAC	LITIES				BUDGET	FORM APPROVED. BUDGET BUREAU MO	

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA		2. STATE	т. А. Т. Е. Т.			INTERCOLUMNICATION OF STATEMENT	MODERN CONTRACTOR OF A CONTRAC	ALTERNATIVE CONTRACTOR AND
R-8, Phillips County			Montana			<u>n</u> L	1967	
CATEGORY	CIV POPU (In tho	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED GADC Col. 6xCol. 8	GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area	A DJUST RED NEED
	CURRENT	PROJECTED)	06.		
4	rs.	9		80	6	10		12
GENERAL HOSPITALS	0.9	5.4	6,944	1,157	17	3		4
LONG-TERM CARE FACILITIES	0.79 1/ 0.79	0.79	9,146	11,577	25	38		

AREA NARRATIVE

The The industry in the area is generally This service area consists of Phillips County and was previously included with Valley County. area has established hospital and long-term care facilities which serve a definite area. This is relatively flat country with good highways and railroad service. agriculture and livestock.

The area is served by a hospital at Malta which is conforming. While the program indicates that one bed is to be added, this is not programmed for construction.

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In the Long-Term Care category, the area is in need of seven additional beds.

1/ Population age 65 and over.

HEALTH, EDUCATION, AND WELFARE FUBLIC HEALTH SERVICE SHIVER SPRING, MARYLAND 20910

I, AREA		2. TOTAL C	CIVILIAN		POPULATION		3. CIVILIA	CIVILIAN POPULATION	4	GE 08 PND	OVER	4 STATE				
D-8 Dhilling County		CURRENT	The state of the s	D	PROJECTED	ED	CUR	CURRENT		PROJECTED	The second secon	Mor	Montana			
	Month of the Control	000,9			5,400	0	7	790		790		1967	L. YEAR			
COCATTORS	officers of the second	OZ	HO.	FACILIT	11.12.5	Company of the property of the company of the compa	NO. OF B	BEDSEXIE	XISTING	The state of the s	NO. OF BEDS	OS PROG	PROGRAMED	NEED	To leave	(b
		Hartel)Silv	OFFICE OF STREET	AND	QE	was de	NONCO	NONCONFORMING			yamaya ili madah	ang ngya minigan nami	Q.E	-	no di Sengano	BE)
CATEGORY	NAME OF COUNTY	DNIT2	TA!	96	DEBNISH BE	LAL	FEDERAL	ARDS	ET.	ALOEW-	TAL	DED BE	DEBMISS DE	N ASTRUC	TION	TAL EX A MESC D-(1-1
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GENERAL HOSPITALS		Papa and the state of the state														
Malta	Phillips	personal analysis of the second secon		0	C	30	0	0	ı	30	31		0		Lagrandent-III. Primisia Rakibili	
TOTAL			-	0	0	30	0	0		30	31	-	0	97	100	0
LONG-TERM CARE NURSING HOMES			,													
Malta	Phillips			0	0	33	0	0	ı	3]	38	7	0	82	100	0
TOTAL		-	-	0	0	31	0	0		31	38	7	0	82	100	0
DIAGNOSTIC OR TREATMENT CENTERS																
Malta	Phillips			0	0											
TOTAL		_	-	0	0									100	100	
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PHS-708 REV. 2.67				AREA	AREA SUMMARY		AND FROGRAM				POH OHE	FORM APPROVED. SUDGET BUREAU NO. 54-14-2	VED.	11.44-93		

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201

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	5. Page	CONSTRUCTION		CONFORMING	16	30	30	33	31		FORM APPROVED
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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	4. PERIOD COVERED BY INVENTORY January 1, 1965 - De		₩ Σ α Z	0.00 t × 0.0	60	Malta		Malta		-	
NT OF HEALTH, EDU PUBLIC HEALTH WASHINGTON, D		IDENTIFICATION		N A M M M M M M M M M M M M M M M M M M	7	Phillips		Phillips		mber 9, 1965.	
DEPARTME	3. AREA R-8, Phillips County			CATEGORY NAME OF FACILITY	9	GENERAL Malta Hospital	TOTAL	LONG-TERM CARE NURSING HOMES Vickhammer Sunset Home	TOTAL	*Opened September 9,	PHS-708-2 HW I.A.

HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA		2.57	STATE			3. FISCA	1 YEAR	
R-9, Pondera County			Montana			1967		
CATEGORY	CIVI POPUL (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6xCol. 8	GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narretive)	A DJUSTED BED NEED
	CURRENT	PROJECTED				.906		
7	'n	9	7	80	6	10		12
GENERAL HOSPITALS	7.6	8.1	10,038	1,321	29	47		
LONG-TERM CARE FACILITIES	0.63 1/	0.63 1/ 0.63 1/	6,510	10,333	18	30		

AREA NARRATIVE

The area consists of Pondera County which was previously included with Toole County. This area extends from the East slopes of the Continental Divide on the West end, with rolling country and plains to the East. It is served by good highways and roads and also has railroad service. Industries are chiefly agriculture and stock raising.

The existing St. Mary's Hospital at Conrad is in need of replacement. Since the Sisters do not have the necessary finances for the replacement of the facility, they have served notice to the area that the hospital is to be closed on January 1, 1969. The people of the area are considering a bond issue for the construction of a new hospital.

Long-term care facilities in the area are adequate.

1/ Population age 65 and over.

Form Approved Budget Bureau No. 68-R89 STLVER SHERE MARYLAND TOOP

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K-9, Fondera County		7,600			8,100	0	O	631				1967	L YEAR			
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GENERAL HOSPITALS			rhadanarii Sanat Allaniar miyli in - Mari				ama dimensional substitutivi di successi		aggeger sa nAgament ander a signal albert	eren er en			geleprephenskiske likeren ecrere	es edilliddir ^a IC room, dir ^a ader erifdiradiid for works d	unt, i v til et til genellikk ele til genellik fil	
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LONG-TERM CARE NURSING HOMES										utarindasi 1664 da gendifindadigi internama				dyggamininin ygradia diliburr valudis u santarillis di sa	di ngalagan Manggalamanika gipunan seke ni sebendi didikatan	
Conrad	Pondera			0	0	38	0	0	J	38	30	0	0		ericznikowanie dilenatury militaria ali	
TOTAL				0	0	38	0	0		38	30	0	0	127	127	00
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DEPARTMEN	NT OF HEALTH, E DUC PUBLIC MEALTH WASHINGTON. DT	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C., 20201	لنا		1	1. STATE	Montana				5.2	FSCA EAP
	4.	4. PERIOD COVERED BY INVENTORY	N V E N T O	December	31, 1965	55				5. Page) O	4. 4. 5.
R-9, Pondera County		Validaly 1,	200	a management		EXISTING	AND	UNDER	CONSTRUCTION	NOITO	₹ <u>1</u> S	00 Lo La
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GENERAL St. Mary's	7600 Pondera	Conrad	NPA	36	36	0	0	0	1	С	2,589	10,038
AREA TOTAL				36	36	0	0	0	9	0	2,589	10,038
LONG-TERM CARE NURSING HOMES Pondera Pioneer Nursing Homes	Pondera	Conrad	ŝ	38	0	0	0	0	ı	38	15	6,510
AREA TOTAL				38	0	C	0	0	1	38	15	6,510
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PHS-708-2 IRW IN 7-65		INVE	INVENTORY OF		INPATIENT FACILITIES	LITIES				FORM A BUDGET	FORM APPROVED BUDGET BURE AU NO. 68+Ph97	68*Rh97

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-10, Choteau	Appropriate Cities du Jaint Entre Cities Constantes de Con	2 STATE	Montana	endalari kinda kendi dapi da nahada seserina kapin da da kendi mendelari kendi kendi mendelari mendelari mende Akadari kamada seseringaha separ da da pemanakan da da da pemanakan persekat mendelari seseringan da da da da		S.	FISCAL YEAR	And a second sec
CATEGORY	CIV POPU (In tho	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Cument)	USE RATE Col. 7	PROJECTED ADC Col. 6x Col. 8	BED NEED GEN. Col. 9 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	4 ш О О П № X Г П П П
	CURRENT	PROJECTED				06.		
4	ιΩ	9	_	Ø	6	10		1.2
GENERAL HOSPITALS	8.1	7.8	3,347	413	6	21		
LONG-TERM CARE FACILITIES	0.81 1/0.81	0.81	1,631	13,056 24	29	42		

AREA NARRATIVE

largest communities in the area are Choteau, Dutton, Fairfield and Augusta. The main industries are agriculture and livestock. This is relatively rolling country with wilderness country to the west This area is comprised of Teton County and the northern portion of Lewis and Clark County. and the Continental Divide. Transportation is mainly by highway.

. The area is served by the hospital at Choteau which is need of modernization. A 29-bed nursing home addition is under construction at the existing Teton County Rest Home at Choteau.

1/ Population age 65 and over.

PHS-708-6

Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience. 12

HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

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R-10 Choteau	CURRENT	LNE		PR(PROJECTED	G	COR	CURRENT		PROJECTED	TED	L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	1
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Choteau	Teton			0		27	27	0	ı	0	21	0	12			
TOTAL			-	0	-	27	27	0		0	21	0	21	0	0	9
LONG-TERM CARE NURSING HOMES											;		(
Choteau	Teton		(mino	0	C	59	0	0	0	53	42	<u>m</u>	0			
TOTAL			-	0	c	29	С	0	1	59	42	13	0	69	100	0
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PHS-708-7 REV 2-67			entire author	AREA	SUMMARY	S S	PROGRAM	Berline of the		#CR0530	· O D	RM APPE	FORM APPROVED: BUDGET SUREAU NO	Carried Carried	maghance .	carw.

DEPARTMENT OF HEALTH, EDUCA	TION, AND WELFARE	ERVICE	1 1 1
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DEPARTME	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	CATION, AND WELFAF SERVICE C. 20201	E E			1. STATE	Montana	13	COSTS AND	の機能の対象はないなっていてきながれるというだ	ATA COMMENSOR	2 50 A 50 E
. AREA R-10, Choteau	4.	4. PERIOD COVERED BY INVENTORY January 1, 1965 - Dec	965 -	ember	31, 1965	55			200 MANGERT 2) AND 200 F. F.	S. Page	0.0	ALASTA AL
1901	IDENTIFICATION			NUMBER	OF BEDS,	S, EXISTING	ING AND	UNDER	CONSTRUCTION	CTION	- S	A7157
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ATEGORY NAME OF FACILITY	NAME OF COUNTY	CITY OR 10%N	CONTROL	TOTAL	∢	m	U	۵	SURACINATE (InnoildO)	СОИЕОВИІИС	ADMISSIONS OR DISCHARGES (Excluding New-Born)	9 A T E S A C C C C C C C C C C C C C C C C C C
9	7	8	6	10	-	12	13	14	15	16	17	100
GENERAL Teton Memorial	8160 Teton	Choteau	A A	27	0	27	0	0	0	0	643	3,347
AREA TOTAL				27	0	27	0	0		0	643	3,347
LONG-TERM CARE NURSING HOMES Teton County Rest	1 4 4 (4			3	(((
To the state of th	03.0	cnoteau	3	(f)	(b)	0	0	0	ı	0	m	1,631 1/
Home	Teton	Choteau	ço.	29uc	0	0	0	0	1	29nc		
AREA TOTAL				59	0	0	0	0	6	59	8	1,631
uc Under C	Under Construction Reporting period, May	25, 1965, through December	O yong	cember 3	1, 1965	ou	basis	of 9 be	beds.			
7-65/5-708-2		INVEN	INVENTORY OF INP	INPATIENT	TEACHLIT	ITIES				FORM ALP	PROVED:	THE WAY GLUTTER THE THE CONTRACT OF STATE SECURITION

TEALTH, EDUCATION AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

I-2, Great Falls, Intermediate	rmediate	2 2	STATE Montana			3. FISCAL)	FISCAL YEAR 1967	
CATEGORY	civi pudod (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6xCol. 8 365	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area	ADJUSTED BED NEED
	CURRENT	PROJECTED				.90		
4	2	9	_	æ	6	10	11	12
GENERAL HOSPITALS	85.4	99.4	170,99	1,160	316	405		
LONG-TERM CARE FACILITIES	6.74	6.74	96,441	14,309	264	304	\	

AREA NARRATIVE

has diversified industries including agriculture, livestock, smelting, flour milling, oil-refining and some manufacturing. Located at Great Falls are the College of Great Falls, smelter and electrolytic plant of the Anaconda Copper Mining Co., and the Air Force Base. The Montana Power Co. has a series of dams for the Falls is the major trade center and hospital base area serving the northern portion of the State. The area This service area consists of Cascade County and portions of Chouteau and Judith Basin Counties. generation of electric power. Transportation is by highway, railroad and air.

services can be provided. Included in the area is the Air Force Hospital which is restricted to air force personnel and dependents. This is the second largest urban area of the State and has a population of 85,400 with a project of 99,400 in 1971. The facilities in the area are such that all but a few of the most highly specialized

The bed need for the area has been met and all facilities are conforming with the exception of the Columbus Hospital which is in need of some modernization.

PHS-708-6 REV. 2-67 PUBLIC REALCH 11 HOUT SILVER SPRING, MARYL 108

12. Table 11. Ta	85,400 NO. TOTAL NO. 2	WEEDED TOTAL ON TOTAL TO BE	E.D 0.3	99,400			- Q	i i	4	<u>.</u>	A Total	TAL YEAR			
LOCATION NAME OF COUNTY Cock HOSPITALS	AATOT S S C L		056			-	An Ch		7	4	(
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Fort Benton Chouteau	The state of the s	g-reconstruction of	C		8	0	С	i adau teker rake kelir yati estatakke t	ELECTRIC SECTION OF STREET	00	0	0	TOTOLOGICA ANTIGOTOMORPHICA CONTRACTOR	mga - Barty - Galadianni Pri Prindiste	
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LONG-TERM CARE NURSING HOMES			Openskapp, it stil still prior deal leave an or ye	'ma <mark>aka ta'utta</mark> ka ka matah satika casa estay i	r Saranna Albanda (na caran			incherweg betreutgeben der 4- Meteor metande von	(1414-0-788)(T-1816-0-78-0-179-0-79-0-79)					anda communication to receive and an incide	
Great Falls Cascade	——————————————————————————————————————	4	0	0	426	0	0	emponentus remainus contractus.	426	284	0	0	needleen edd 2 ddaw'i Jones anw	andit (dil anter e A <mark>lbania, turing</mark> for	
Fort Benton Chouteau			0	0	20	0	0	1	20	20	0	0	ranse tra phy e pairer contra fruit au	ellerine Aug Licht After Heuter Folder	
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Great Falls Cascade		~	- maramana	المجارة المحارة	ta., "gtv.ii.ad			esper — In 1820/1911 series	a de Portugue de Paris					Place of the section	
Fort Benton Chouteau	generalis et de de la constantina de l Constantina de la constantina del constantina del constantina de la constantina del constantina del constantina de la constantina de la constantina del constantina		0		programme — 1987 (gap the			rida verse i se stranda.	ira panin reasanta		to Maria III Sarrichia et engle enegge		ety die – i volgen blue verholis videol	g de der (g)	
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TOTAL		-		0	0	36	0	0	0	36	36	0	0	100	001	
1/ Refer to 1966-1967 Montana State	Montana State	Plan	for	Community		Mental	Health C	Center	Constr	Construction					nder en state fan de 'n state en state en de state fan de s	
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TH, EDUCATION, AND WELFARE	ALTH SERVICE	ON. D.C. 20201
DEPARTMENT OF HEAL	PUBLIC	WASHI

DEPARTME	NT OF HEALTH, EDU PUBLIC HEALTI WASHINGTON, E	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	Ш			1. STATE	Montana	ına		Section of the sectio		2. FSCA. FDA
3. AREA I-2, Great Falls Inter	Intermediate	PERIOD COVERED J,	1965 -	sember	31, 196	965				5. Page	2 of	Particular of the particular o
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GENERAL Montana Deaconess	78900 Cascade	Great Falls	N PA	(160)	8	9	0		0	0	Closed	3/14/65
Montana Deaconess	Cascade	Great Falls	NPA	218	0	0	0	0	1	218	8,740	49,348
snqun[o]	Cascade	Great Falls	NPA	187	0	0	90	0	ı	97	8,387	46,518
St. Clare Hospital	Chouteau 7400	Fort Benton	NPA	<u>&</u>	0	0	0	0	ı	town ©	909	3,205
AREA TOTAL				423	0	0	90	0		333	17,732	170,99
Opened March 14,	965											
7-65-7 PH/S-708-2			TOF	EN EN	7117					FORM AP	PIROST S	

2. FISCA_ (FAE 1967	Commence of the commence of th			ધા 1 · ત વ દ 0	AND THE PARTY OF T		6,866	74,610		14,965	99/ <i>L</i> //2 p	96,441	3/14/65	4,700	4,700	
	Jo	S	ourd La yelvigeten ned	ADMISSIONS OR DISCHARGES (Excluding New-Born)	17	er er siss a vir sis in independent of entertain	Ì	77		Ε	Licensed	882	Closed	268	768	PROVED BUREAU NO.
	S. Page	RUCTION	5	СОИЕОВМІИС	16		20	222	108uc	09	36	446	C	36	36	FORM APP
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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	January 1, 1965, - Dec			Λ Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α	ω.		Fort Benton	Great Falls	Great Falls	Great Falls	Great Falls		Great Falls	Great Falls		INVEN
T OF HEALTH, EDUC PUBLIC HEALTH WASHINGTON, D.	Intermediate 4.	IDENTIFICATION		N N N N N N N N N N N N N N N N N N N	7		Chouteau	Cascade	Cascade	Cascade	Cascade		Cascade	Cascade		
DEPARTMEN	I. AREA I-2, Great Falls Inter	IDEN		SATEGORY NAME OF FACILITY	υ	LONG-TERM CARE NURSING HOME	St. Clare Hospital	Cascade County Convalescent	- Montana Deaconess	Park Place Nursing Home	McAuley Nursing Home	AREA TOTAL	MENTAL FACILITIES Montana Deaconess	Montana Deaconess	AREA TOTAL	uc - Under Construction

DEPARTMENT OF HEALTH EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA I-3, Havre Intermediate	te	2. STATE	^{дте} Montana			3. FISCAL 1967	YEAR	
CATEGORY	CIVILIAN POPULATION (In thousands)	CIVILIAN DPULATION thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED GADC Col. 6x Col. 8	GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	A DJUSTED BED NEED
	CURRENT	PROJECTED				. 06.		
4	S.	9		Ø	Ø	10		. 12
GENERAL HOSPITALS	31.6	34.8	35,823	134	108	245		
LONG-TERM CARE FACILITIES	2.78 1/ 2.78	2.78	38,916	13,999	107	128		70

AREA NARRATIVE

of Chouteau County. The Rocky Boy and Fort Belknap Indian Reservations are located in this area. This is relatively flat country with good transportation by highway and railroad. Industries in the area are This area consists of Hill and Blaine Counties, most of Liberty County and the northern portion chiefly livestock, agriculture and some mining.

Heart Hospital are in need of modernization or replacement, the community and area are exploring possibilities There are four hospitals in the area, three of which are in need of modernization. Plans include modernization of 10 beds at Chester, and 77 beds at Havre. The Kennedy Deaconess Hospital at Havre has under construction the finishing of the third floor shell in the new portion of the hospital. This will make available an additional 27 beds for a total of 97 beds. Since the Kennedy Deaconess Hospital and the Sacred complete services. This planning should take into account the need for beds for the Indian population at Rocky Boy Indian Reservation. These Indians must now travel approximately 75 miles to the nearest Indian hospital at Fort Belknap. The hospital at Fort Belknap, operated by the Public Health Service, serves the of replacing the two existing hospitals through the construction of a single new hospital offering more Indian population of the reservations and provides emergency services for the non-Indian population. No long-term beds are programmed for the area since the bed needs have been met through the construction of the Lutheran Home of the Good Shepherd at Havre.

1/ Population age 65 and over.

Mendelserangerenderlake anderser verlag er entstanden om 1. AREA	The statement of the st		OLVILLIAN FURTILLATION	There	A11.011	P _a as no repos	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		. A TIO !	3 4 3 3	= 1	15.27	4	201		ş.
I-3, Havre Intermediate	ate CL *FL	T. I.		Q.	PROJECTED	<u> </u>	COE	CURRENT	***	Projucted	CTED		Montana			
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GENERAL HOSPITALS																
Chester	Liberty	_		0		0	0	0	0	0	0	0.	10			
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Big Sandy	Chouteau		Greate	C	C	0	0	0	1	0	0	0	0			
T01AL		4	4	0	3	506	128	50		58	145	0	87	Φ0	40	<u>-</u>
LONG-TERM CARE NURSING HOMES																
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Big Sandy	Chouteau			0	C	22	0	С	gerianse gans in not and an	22	22	0	0			
Harlem	Blaine	proside	_		С	39		0	Special States of the States o	39	39	С	0			
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DEPARTMENT . P
HEALTH, EDUCATION, AND WELFIRE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20510

FION 18, 65 AUG OVER. 4. STATE PONTATEN Montana	And the second s	2,781 5. FISCAL YEAR 1967	MO. OF BEDS PROGRAMME 3. NEW DESCRIPTION OF BEDS PROGRAMME 3. NEW D. L. CO.	A S S CARREST S CONTRACTOR S CO	EMNIZED SE ED SE VF VF LOBW-	TOTAL MODE! TO BE MODE! TO BE MODE! TO BE MODE!	15 16 17 18 10 20 21 12 15 15 15 15 15 15 15 15 15 15 15 15 15	16				25 25					Community Mental Health	
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I-3, Havre Intermediate		CO ARTHURS "NAMED" STREET STREET STREET AND STREET	LOCATION	- TO 10 (10 P)	CATEGORY		- TARE TORRESONATOR SERVICIONAL SERVICIONA	DIAGNOSTIC OR TREATMENT CENTERS	Big Sandy	Chester	Havre	TOTAL	REHABIL ITATION FACIL ITIES	Havre	TOTAL	MENTAL FACILITIES	Havre	

	DEPARTMENT	OF HEALTH, EDUC PUBLIC HEALTH WASHINGTON, D.	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	Ш			1. STATE		Montana				2. FISCA_ YELF
. A	AREA	4.	4, PERIOD COVERED BY	BY INVENTORY	RY						ъ.		
	I-3, Havre Intermediate	a)	January 1, 1	1965 -	December	31,	1965				Page	16	pare
	IDENT	IDENTIFICATION		er arrive	NUMBER	OF BEDS,			AND UNDER	CONSTRUCTION	CTION	STA	ATISTICS
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	Liberty County	Liberty	Chester	Z Z	0	0	2	0	0	ß	0	430	2,347
	Kennedy Deaconess	Hill	Havre	NPA	97	0	36	0	91	8	45	2,954	17,447
	Sacred Heart	• hrs	Havre	NPA	06	0	19	21	4	ı	7	3,093	14,667
-81-	Community Health Fac.	Chouteau 7400	Big Sandy	NPA	6.	C	0	0	0		6	177	1,362
•	AREA TOTAL		en e		506	0	107	21	20	g	58	6,654	35,823
	LONG-TERM CARE NURSING HOMES												
	Liberty Co. Nsg. Home	Liberty	Chester	ço.	50	C	С	С	C	ı	20	٧	7,352
	Harlem Rest Home	Blaine	Harlem //	Prop	39	0	С	0	C	1	39	24	14,108
	Mary Sands Nsg. Home	Chouteau	Big Sandy	Prop	22	0	C	C	C	1	22	2	925,9
	Sixth Ave. Rest Home	L.H.	Havre	Prop	13	C	C	13	0	ı	0	7	4,360
	Havre Rest Home	L.H.	Havre (5	Prop	8	0	8	0	0	ı	0	4	6,570
	Lutheran Home of Good Shepard		Havre	<u>ح</u>	09	C	C	C	C :	8	90	Opened 2	/1/67
	AREA TOTAL				172	0	18	13	0		14	51	38,916
PH 7-6	PHS-708-2 IIIWIG 7-65		INVEN	TORY O	INVENTORY OF INPATIENT FACILITIES	AT FACI	LITIES	Makes to the second			FORM API BUDGET	FORM APPROVED: 9	

INVENTORY OF INPATIENT FACILITIES

BUDGET BUREAU NO. 08-55-37

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DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYL AND 20010

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-11, Dillon		2 5	STATE			3. FISCAL	FISCAL YEAR	W/A-Dake Wash (SERV) characteristics de limites à serial expension (
CATEGORY	CIVI POPUL	CIVILIAN POPULATION (In thousands)	PATIENT DAYS	USE RATE	PROJECTED	GEN. Col. 9 + 10	ADJUSTMENT	The state of the s
			(Current)	Col. 5	Col. 6x Col. 8	08.		ADJOSTED BPD NPPD
	CURRENT	PROJECTED			565	.90 + 10)) 5) 1
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GENERAL HOSPITALS	8.6	10.7	11,035	1126	33	12		
						7		
LONG-TERM CARE FACILITIES	1.18 1/	1.18 1/ 1.18 1/	R,254	6995	23	32		
		The second name of the second na						

AREA NARRATIVE

area with transportation routes following the valleys. Transportation in general is good. The principal industries of the area are agriculture, livestock, and mining. This is also a recreational area and is noted for its excellent hunting and fishing. The larger communities in the area are Dillon, Twin Bridges, Sheridan and Ennis. The Western Montana College is located at Dillon. This service area consists of Beaverhead County and the greater portion of Madison County. This is mountainous

Programmed for modernization are the Barrett Hospital at Dillon for 19 beds and the Madison Valley Hospital at Ennis.

-82-

In the long-term care category no additional beds are programmed since adequate beds are available.

1 Population age 65 and over.

HEALTH, EDUCATION FOR WEST REPUBLIC HEALTH FOUNDS
SHIVER SPRING, MAR FOR 2000

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R-ll, Dillon	6	\$800			10,700	And the second s		,177	7		,177	5 FISCAL YEA	LYEAR	above a supplement	•	
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			TO NE				A-B-C	Ω		INC				00 11		
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GENERAL HOSPITALS																
Dillon	Beaverhead		pen	0	learn.	6	19	0	ı	0	28	6	19	Service Charlesian v. A.		
Sheridan	Madison	_		0	C	6	0	0	ı	6	6	0	0			
Ennis	Madison	_	_	0	-	14	0	_	6	_	14	0	7			
- FOTAL		3	m	0	2	42	19	7		16	51	6	26	31	38	0
LONG-TERM CARE NURSING HOMES																
Dillon	Beaverhead	_	_	0	0	39	0	0	3	39	20	0	0			
Sheridan	Madison			0	0	38	0	0	î	38	15	0	0			
TOTAL		2	2	0	0	77	0	0	•	77	35	0	0	220	220	42
DIAGNOSTIC OR TREATMENT CENTERS	0						paged graph stated if you, a just the term to be compared to the compared to t							- C. Valence (1987)		
Dillon	Beaverhead	Secret recoveration.		0			Maria Sangan Barrina, Maria Pangana an C						OF THE STATE OF TH	wer'd of Private and Control	secritophotika echiel ter	
Ennis	Madison	astasconos appresan		0			menovakka nd 17 kilik ka khilik			179-ne Ou			alls promps based only deleterated by		gazindez ga Agasinereker ez	
Sheridan	Madison	anawa kataba Kapata		0	С		N-Allegacy-Auto-see Colory-									
TOTAL		ബ	3	0	2				A majora i i inimizi i inipi					33	33	
7-807 PHG				APPEA	CHARLAD	ONY	38 4 4 5 5 5 1				NOR	FORM APIN	VED:			

PUDGETT FUREAUND, 68-ROOT

AREA SUMMARY AND PROGRAM

PHC 708-7 REV 9-67

DEPARTMENT OF HEALTH, EDUCATION, AND WF! FARE	

DEPARTME	ENT OF HEALTH, EDI	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	ш			1. STATE	Montana	ana				2. # \$1.7 . E # H
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90	DENTIFICATION			NUMBER	OF BEDS,		EXISTING AND UNDER	UNDER	CONSTRUCTION	UCTION	S	
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φ	7	80	0	10		12	<u>e</u>	14	5 10	9	1 5	
GENERAL	500											Report in white the control of the c
Barrett Hospital	Beaverhead	Dillon	Z Z	5	0	0	0	0	8	0	1,000	6,048
Ruby Valley Hospital	Madison	Sheridan	NPA	0	0	0	0	0	ð	6	602	2 ,702
Madison Valley	Madison	Ennis	NPA	Ç.	0	0	0	7	ı	_	389	2,285
AREA TOTAL				42	0	19	0	7	8	16	1 001	11 035
										2		
LONG-TERM CARE NURSING HOMES											and the second s	
Eventide of Dillon	Beaverhead	Dillon /	Prop	39	0	0	0	0	,	39	40	4 551
Madison County Nursing Home	Madison	Sheridan	ço.	38	0	0	0	0	6	38	<u> </u>	
AREA TOTAL				77	0	C	С	0		77	0,0	8 254
												2026
PHS-708-3 III WILL.			, do							4		The second section of the second seco
		7	OKI	L L		- ITH	-	3		BODE	ORF IN P	

SILVER SPRING, MARYLAND 20910 PUBLIC HEALTH SERVICE

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-12, Bozeman		2 57	state Montana			3. FISCAL	3. FISCAL YEAR	
CATEGORY	CIV POPU (In tho	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Curent)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8	GEN. Col. 9 + 10 A	ADJUSTMENT (Explain in Alea	ADJUSTED BED NEED
	CURRENT	PROJECTED)	06.	Mariance	
Þ	ស	9	7	ω	0	10	11	12
GENERAL HOSPITALS	27.1	31.0	27,274	785	29	93		
LONG-TERM CARE FACILITIES	2.41 1	2.41 1/ 2.41 1/	(13,845)	13,056 2/	98	106		

AREA NARRATIVE

The chief industries are agriculture, Montana State University This service area consists of Gallatin County only which is mostly mountainous with fertile valleys. livestock, logging, lumber products, mining, dairy products and some manufacturing. highways and railroads follow the valleys, with good transportation patterns.

The Bozeman Deaconess Hospital, which serves this area, is programmed for modernization.

-85-

provide 20 nursing home beds in that facility. While six beds are programmed for modernization at Three Forks, it is not anticipated that this will be done since the facility is in need of replacement. A 14-bed nursing home addition is under construction at Hillcrest in Bozeman which, when completed, will

- Population age 65 and over.
- Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience. 2

Budget Bureau No. es-R8

CEPTHEN OF MELTANE HEALTH, EDGOATION AND WELLAND PUBLIC MEALTH SENVICE SILVER SHOWNER MARKLAND 2091.

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man	A CONTRACTOR CONTRACTO	CURRENT	The second second	file !	PROTECTED	20	CLR	CURRENT		PROJECTED	CIED		Montana	na		
	27	27,100			31,000	0	2,	2,410	and the same of th	2,4	014,	5. FISCA	Y E X E X			
LOCATION		NO.	CEFA		T. M. C.		NO. OF B	BEDS EXISTING	TING	Address of the same of the sam	NO. OF BE	DS PROGRAME	RAMED	E SIZ	tenser	ř
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THE PERSON OF TH	The second secon	8	6	0	11	12	13	2	3	16	17	18	19	20	- que	CH
HOSPITALS																
Bozeman	Gallatin			0	(parasis parasis paras	102	102	С	8	C	93	0	93			
TOTAL			-	С	-	102	102	0		0	93	0	93	0	0	6
LONG-TERM CARE NURSING HOMES																
Bozeman	Gallatin	က	2	0	C	100	0	0	ı	100	901	0	0			
Three Forks	Gallatin	-		0	C	15	ភ	0	8	С	0	0	9			
TOTAL		4	3	С	С	115	15	С	0	100	106	0	9	94	94	6
DIAGNOSTIC OR TREATMENT CENTERS																
Bozeman	Gallatin	(c	_			- PROWA and Malancon a	1800 han dire n hadan kuluka da ci i lkaniya							
TOTAL	edige-dys-distriction of the second s	-	-	С	-									С	C	
FACILITIES	Refer to 1965-1967 Montana	965-196	7 Mon	tana	State	Plan	for Commu	Community Mental		lealth	Health Centers	Construction				
					ut was 7				21/4	Mar of high				No. Children		

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1	NT OF HEALTH, EDUC PUBLIC HEALTH WASHINGTON, D.	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	iul			1. STATE	Montana	اع				2. F S. TEAR
3. AREAR-12, Bozeman	4.	4. PERIOD COVERED BY INVENTORY January 1, 1965, - D	10VENTOR	December	31, 19	1965				5. Page	of	D. D. C.
IDEN	IDENTIFICATION			NUMBER	OF BEDS,	S, EXIST	EXISTING AND	UNDER	CONSTRUCTION	NOILON	STS	ATISTICS
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SATEGORY NAME OF FACILITY	N AME O P COUNTY	Z O O C O O C O O C O O C O O C O O C	CONTROL	TOTAL		ш	U	٥	BY STATE STANDARDS (Optional)	CONFORMING	ADMISSIONS OR DISCHARGES (Excluding New-Born)	त म स म स म स
9	7	80	o	10	=	12	13	14	15	16	17	The state of the s
GENERAL Bozeman Deac. Hosp.	Gallatin	Bozeman	NPA	201	0	102	0	C	1	C	3,824	21,274
AREA TOTAL				102	0	102	0	0	1	0	3,824	21,274
LONG-TERM CARE NURSING HOMES												Autorities and the season of t
Gallatin County Rest Home	Galmatin	Bozeman	00	34	0	C	C	C	•	34	6	1,942
Florence Conv. Home	Gallatin	Bozeman //	Prop	91/	C	0	С	0	1	46	20	6,668
Three Forks Nursing Home	Gallatin	Three Forks Prop	Prop	ट	FU.	0	C	0	1	0	2	4,169
Hillcrest	Gallatin	Bozeman	NPA	့်ဖ	С	0	C	С	ı	v	m	1,066
Hill crest	Gallatin	Bozeman	NPA	14uc	0	C	C	0	6	14uc	6	1
AREA TOTAL	re dijere gere de en			115	15	С	C	0	6	100	42	13,845
MENTAL FACILITIES	Refer to 19	1956-1967 Montana	Statt	Plan fo	Comm	Community	Mental	Health	Center	r Construction	uction.	
uc - Under Construction.	cion.							чус с музам кашко під такт — чісто масяцісаль				
PHS-708-2 HW IV.		INVEN	INVENTORY OF IN	INPATIENT FACILITIES	TFACII	ITIES				FORM APE BUDGET 6	FORM APPROVED BUDGET BUREAU 40 7	

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

I. AREA I-4, Helena Intermediate	ate	2 57	STATE Montana			3. 71SCAL	FISCAL YEAR 1967	
CATEGORY	CIVI POPUU (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6 x Col. 8	GEN. $\frac{\text{Col. 9}}{.80} + 10$ LTC. $\frac{\text{Col. 9}}{.00} + 10$	ADJUSTMENT (Explain in Area Narrative)	A DJUSTED BED NEED
	CURRENT	PROJECTED				. 06.		
4	വ	φ	7	8	თ	10	11	12
GENERAL HOSPITALS	36.3	39.9	49,137	1,354	148	195		
LONG-TERM CARE FACILITIES	3.77 1	3.77 1/ 3.77 1/	(15,989)	13,056 2/	135	160		

AREA NARRATIVE

County, and approximately one-half of Jefferson County. This is mostly mountainous area with good transportation by highway, railroads and air. Next to Helena, the larger communities are Boulder, Townsend and White Sulphur This service area is comprised of Broadwater and Meagher Counties, the greater part of Lewis and Clark industries in the area include agriculture, livestock, meat packing, smelting, oil products distribution, Springs. Helena is the trade center and hospital center for the area. Helena is the location of Carroll College, the State Capitol and various Federal offices. A lead-zinc smelter is located at East Helena. nining, logging and lumber products, and some manufacturing.

west of Helena) which has the usual limitations. The largest hospitals are St. Peter's Hospital and St. John's A new St. Peter's Hospital is currently under construction, which, when completed, will replace the The Veteran's Administration operates a hospital at Fort Harrison (approximately six miles St. John's has completed a 10-bed addition and a 25-bed nursing home unit. Programmed for modernization are 77-beds at St. John's Hospital and Shodair Hospital at Helena; 18 beds at Townsend and 8 beds at White Hospital. A new St. Peter's Hospital is currently under construction, wnich, when completed, will replace old facility. This will provide 82 general hospital beds, 10 psychiatric beds and 19 long-term care beds. Sulphur Springs.

In the long-term care category, a 25-bed nursing home unit has been completed and placed into operation at St. John's Hospital in Helena and a 19-bed unit is included in the construction of the new St. Peter's Hospital. Programmed for modernization are 39 beds at Helena and 6 beds at White Sulphur Springs with 6 beds to be added at White Sulphur Springs and 12 beds needed at Townsend.

1/ Population age 65 and over.

REV. 4.5,

Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience 12

PEALTH, EDUCATION FUD WELFARE PUBLIC BEALTH FERVICE SILVER SPRING, MARY LAND 2031.

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DEPARTMENT		OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	ш			1. STATE	Montana	الع				2. 755.7 · Etp
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- Shodalr - AREA TOTAL	91		NPA	23	23	96	0	0	3	92	7,787	49,137
LONG TERM CARE NURSING HOMES Mountainview Mem. Hospital Cooney Convalescent Home St. John's Hospital St. Peter's Hospital Alhambra Manor	Meagher Lewis & Clark Lewis & Clark Lewis & Clark Jefferson	Wh. Sul. Spgs Helena Helena Helena Clancy	NPA Co. NPA NPA Prop.	6 33 25 19uc 39	6 6006	9 % 000	0 0000	0 0000	0 0 0 0	0 25 19uc 39	5 67 0pend	1,584 9,953 ed 11/17/65 4,452
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DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA I-5, Butte		INCOME THE PROPERTY CONTRACTOR OF THE PROPERTY C	2. STATE Montana			3. FISCAL 1967	AL YEAR	
CATEGORY	CIVILIAN POPULATION (In thousands)	CIVILIAN DPULATION thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8	GEN. Col. 9 + 10 .80 + 10 .80	ADJUSTMENT (Explain in Area	A DJUSTED BED NEED
	CURRENT	PROJECTED			202	.90 + 10		
4	Ŋ	9	7	000	σ			
GENERAL HOSPITALS	79.4	84.4	110,410	1,391	322	412		12
LONG-TERM CARE FACILITIES	8.50 1/	8.50 1/ 8.50 1/	(63,292)	13,056 2/		348		

AREA NARRATIVE

and milling, agriculture, livestock, meat packing, logging and wood products and some manufacturing. The Montana College of Mineral Science and Technology (formerly Montana School of Mines) is located at Butte. Butte is also the trade center and hospital center in the area. Jefferson and Powell Counties. This is mountainous country but has good transportation by highway This area consists of Silver Bow, Deer Lodge, and Granite Counties and portions of Madison, railroad and air. Ine operations of the Anaconda Copper Mining Company at Butte and Anaconda include mining, milling, smelting and refining. Other industries in the area include mining

Lodge and Philipsburg. St. Joseph's Hospital at Deer Lodge was closed following the completion of construction and the opening of the Powell County Memorial Hospital. Other hospitals include the Montana State Hospital (mental) at Warm Springs and the State Pulmonary Disease Hospital at The area is served by two hospitals in Butte and other hospitals located at Anaconda, Deer

10 beds at Philipsburg. In the long-term care category 118 beds are programmed for modernization which include 72 beds at Butte and 46 beds at Anaconda. The plan provides for 40 beds at Deer Lodge. General hospitals programmed for modernization include R beds at Butte, 3 beds at Anaconda and

1/ Population age 65 and over.

PHS-708-6

2/ Use Rate of 13,056 is average of sixteen (16) service areas having reasonable experience.

CALTH, EDUCATION AND WALLAPE PUBLIC JEALTH SENDING SERING, MARNEARD 20

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I-5, Butte Intermediate	mediate	CURRENT	NT		77	PROJECTED	0	SID	CURRENT		4	CCLD	Montana	ana			
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GENERAL HOSPITALS																	
Butte	Silver Bow	~	2	2	<u> </u>	(price)	288	œ	0	•	280	300	12	∞			
Anaconda	Deer Lodge	c)	_	_	0	p=	29	m	0	8	64	29	0	8			
Deer Lodge	Powell		_	_	0	C	35	0	0	ı	35	35	0	0			
- Philipsburg	Granite		_	_	0	<i>-</i>	0	0	0		0	10	0	10			
TOTAL			5	വ	0	m	400	21	0	0	379	412	12	21	92	95	
LONG TERM CARE NURSING HOMES																	
Butte	Silver Bow	*	2	2	0	_	188	72	0	•	116	214	56	72			
Anaconda	Deer Lodge	υ	~	2	0	2	46	46	0	1		94	48	46			
Deer Lodge	Powel 1		0			0		C	0	8	C	04	40	0			nadi 1965 ngan orden silandik
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HEMLTH, ROUGATIOT, ACOLARGE ARE ARE STRVICE SILVER SPING, NARYLAND 20010

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MENTAL FACILITIES	Refer to 1966-1967 Montana	967 Mont		State P	lan for	Community Mental	ty Mem		Health G	Genters C	onstr	Construction	•	wykogonygogo, genetrotritalosyje	
Warm Springs	Deer Lodge		0		1,479	1,343	0	1	136	1,706	227	7,343	indergraphy in the control of the co	and the second second section and the second section of the	
TOTAL			0		1,479	1,343	0	1	136	1,706	227	1;343	8	6	
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Galen	Deer Lodge		0	C	245	0	0	1	245	1862/	0	0		a registra visit e e e e e e e e e e e e e e e e e e e	
TOTAL			0	С	245	0	0	ı	245	186	0	0	132	132	59
1/ State-Wide.	Bed need determined		dividing	ing the	e current	t average	1	daily census	usus by	0.90 occupaney.	cupano	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
2/ State-Wide.	Bed need determined	- A	dividing	ing the	e current	t ayerage		daily census	by	0.80	occupancy.	>			
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FUBLIC HEALTH SAND WILL FAR FUBLIC HEALTH SARVICE SILVER SPRING, MAR ENALD 20910

(Col. 12-Col. 17) ADRA NI SOBB TOTAL EXCESS 0 0 MOLLYZI 4 WODERN-0 0 NOIL 8 CONSTRUC-7 BEDS PRUCRAMED FISCAT YEAR MODERNIZED Montana 6 38 OT **VDDED** õ TO BE E O NEEDED 1 2. CIVILIAN POPJLATION AGE 87 AND OVER FROTECTED JATOT o Z 8,496 DNI 9 CONEORW-SOMAGNATS VO. OF BEDS EXISTING N) NONCONFORMING CURRENT 8,496 7 \Box STANDARDS FEDERAL A-8-C 13 EXISTING 7 TOTAL PROJECTED 84,400 MODERNIZED () 0 0 3 SHI-TO BE GBGGA 0 جستني 0 0 0 0 0 TO BE 2 30TAL CIVILIAN 2 NEEDED 2 O JATOT EXISTING () 2 0 2 0 79,400 CURRENT PATOT NAME OF COUNTY Silver Bow Deer Lodge Silver Bow Granite Powell I-5, Butte Intermediate TOTAL TREATMENT CENTERS TOTAL Philipsburg Deer Lodge **REHABILITATION** DIAGNOSTIC OR Anaconda FACILITIES Butte COMMUNITY CATEGORY PHS-708--95-

AREA SUMMARY AND FILIGRAM

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE	PUBLIC HEALTH SERVICE	¥ASHING10N, D.C. 20201

DEPARTME	NT OF HEALTH, EDU PUBLIC HEALTH WASHINGTON, D	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	교 교			1, STATE	MONTANA	NA.				2. F.S.C.A + G.S.A 1967
AREA I-5, Butte	र्थं	PERIOD COVERED BY INVENTORY January 1, 1965 - De	1965 -	cember	31, 1965	22				5. Page	jo	
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GENERAL HOSPITALS											700,341	
Granite County	Granite 3000	Philipsburg	Co.	10	C	0	0	0	g	0	393	1.740
Powell Co. Memorial St. Joseph's	Powell 740C	Deer Lodge	NPA	35	000	0 €	00	00	J	35	851	
4725t. James Community Silver Bow General	Silver Bow	Butte Rutte	NPA	202	(00	000	> co c	0.00	1 1	194	8,637	58,837
St. Ann's Hospital	Deer Lodge	Anaconda	NPA.	67		00	೨ က	00	9 6	86	3,034 1,924	24.183
M AREA TOTAL				400	C	10	=	0	0	379	14,839	110,410
LONG-TERM CARE NURSING HOMES										·		
Mountain View Rest Home St. Ann's Rest Home Crest Nursing Home	Deer Lodge Deer Lodge Silver Row	Anaconda Anaconda Butto	Co.	16	30	000	000	00	8 8	© C	15 51	5,664
	Silver Bow	Butte	Co.	99		o c	c c	C C	1 1	99 20	42 195	9,293 18,109
Nursing Home	Silver Bow	Butte	°°°	72	72	0	С	С	ı	С	57	23,360
AREA TOTAL				234	118	С	0	0	1	116	360	63,292
1/ Closed July 20, 1965 2/ Included in Powell County Memorial Hospital Statistics	65 County Memori	al Hospital St	atisti	.ss								

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EPARTMENT OF HEALTH, EDUCATION, AND WELFARE	PUBLIC HEALTH SERVICE	WASHINGTON, D.C. 20201
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DEPARTME	NT OF HEALTH, EDU PUBLIC HEALTH WASHINGTON, D	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	Ш			1. STATE	Montana	ına				2. FSC4EAB
. AREA I-5, Butte	4.	Panuary 1, 1965 - Decemb	JAVENTO	ecember 31	1, 1965	10				5. Page	of	5- ⊋ಕರ
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		i i			B Y B	NONC	NONCONFORMING	NG	1	C	COTTON CONTRACTOR	
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MENTAL FACILITIES	See State Con for the Men	Construction Plans Mentally Retarded.	for	Communîty	Mental	Health	th Centers		and Faci	Facilities		
Montana State Hospital	Deer Lodge	Warm Springs	ب	1,479	225	712	406	0	6	136	2,200 1/	/ 560,275]
AREA TOTAL				1,479	225	712	406	C	1	136	2,200	560,275
97-												
TUBERCULOSIS												
State Pulmonary Disease Hospital	Deer Lodge	Galen	St.	245 2/	C	0	C	0	8	245	328 3/	/ 54,302
AREA TOTAL				245	0	0	0	0	0	245	328	54,302
1/ On basis of 1,690 2/ No plant evaluatio 3/ Includes 310 patie Mentally Retarded	of 1,690 beds serving on a sevaluation was made of this 310 patients from other cust Retarded for 98 beds which managed fo	state-wide facility. codial Ins endered s	basis. Litutions. Prvices to	ons.	The hospit	for	also has a total	a cus	custodial F35,150 r	n care unit	t for the sys of se	rvîce.
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DEPARTMENT OF
HEALTH. EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA		2 STATE	TE			3. 51.0. A	0 V U V U V U V U V U V U V U V U V U V	
R-13, Lewistown			Montana				7	
CATEGORY	CIVI POPUL	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8	BED NEED GEN. Col. 9 LTC. Col. 9	ADJUSTMENT (Explain in Natres	ADJUSTED BED NEED
	CURRENT	PROJECTED				06.		
4	S.	Q	7	8	o	10	-	
GENERAL HOSPITALS	17.8	16.6	13,829	777	35	54		7
LONG-TERM CARE FACILITIES	2.32 1/ 2.32	2.32 1/	11,249	4,849	31	44		

AREA NARRATIVE

This area consists of Fergus and Petroleum Counties and the greater part of Judith Basin County. This area comprises both mountainous and plains area with generally good transportation routes. The main industries in the area are agriculture, livestock and oil production.

Accordingly, The area is served by the hospital at Lewistown which is in need of replacement. plans provide for the replacement of 54 beds.

facility must legally be committed to the Montana State Hospital at Warm Springs, and then transferred to this is existing beds through additional staffing. The Montana Center for the Aged is also located in Lewistown. However, this does not render community service, since patients admitted to this In the long-term care category, the plan indicates modernization of 5 beds. However, unlikely since the Valle Vista Manor at Lewistown has the potential of utilizing additional Lewistown.

1/ Population age 65 and over.

HS-708 3

FEALTH, FOUCATION, A 10 WE ACT PUBLIC REALTH SERVIC SILVER SPRING MARY AND 40310

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GENERAL HOSPITALS																
Lewistown	Fergus		_	0		88	80	0	8	0	54	0	54			
TOTAL		-	-	0	-	88	88	0		0	54	0	54	0	0	34
LONG-TERM CARE NURSING HOMES																
Lewistown	Fergus	~	2	0		52	91	0	1	39	44	0	5			
TOTAL		2	2	0	-	55	91	c	8	39	44	0	5	68	89	=
MENTAL FACILITIES	Refer to 1966-1967	1967	Montana		State	Plan for	Community Mental Health	y Men	tal He	}	Centers Co	Construction.	tion.			
Lewistown	Fergus		_	С	0	146	0	0	a terrementariore, deserbitorio transf	146	1	1	ı			
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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE	

	NT OF HEALTH, EDL PUBLIC HEALTH WASHINGTON, D	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	S E			1. STATE	Montana	.		Particol of		2. FISCAL YEAP
AREA R-13, Lewistown	4.	4. PERIOD COVERED BY INVENTORY January 1, 1965 - Dece	55 - De	December 31	1965					5. Page	Jo	S S S S S S S S S S S S S S S S S S S
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9	7	80	6	10	-	12	13	14	15	16		8
GENERAL												
St. Joseph Hospital	Fergus	Lewistown	NPA	88	29	21	С	0	8	0	2,272	13,829
AREA TOTAL				88	29	21	0	0		0	2,272	13,829
2 LONG-TERM CARE NURSING HOMES												
St. Joseph's Rest Home Valley Vista Manor	Fergus Fergus	Lewistown Lewistown	NPA NPA	16 39	00	90	00	00	8 9	39	30	5.638
AREA TOTAL				55	0	16	C	0	1	39	09	11,249
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AREA TOTAL				146	0	C	0	0	1	146	18	52.733
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HS-708-2 IIW IC.		ANI	DRY	NPL	i.	ITIS.				ORM, UDG:	OVE	

SILVER SPRING, MARYLAND 20910 PUBLIC HEALTH SERVICE

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-14, Harlowton		S	2. STATE Montana			3. FISCAL 1967	Pisčal year 1967	
CATEGORY	CIVI POPUL (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8 365	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	ADJUSTED BED NEED
	CURRENT	PROJECTED				.90		
4	ĸ	9	7	80	6	10	-	12
GENERAL HOSPITALS	3.7	3.3	3,850	1,041	6	22		
LONG-TERM CARE FACILITIES	0.50	0.50 1/ 0.50 1/	(3,373)	13,056 2/	18	30		

AREA NARRATIVE

This area, formerly included in an area with Musselshell County, consists of Wheatland County and the Western portion of Golden Valley County. This area is both mountainous and rolling country and is served by good highways. Industries in the area are chiefly agriculture, livstock and oil productions.

The area is served by a small general hospital at Harlow ton which is in need of modernization of 19 beds with 3 beds to be added. The 12 nursing home beds in the hospital are in need of modernization with 18 beds to be added.

-101-

Golden Valley, a portion of which is included in this area, has no resident physician.

- Population age 65 and over
- Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience.

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_, A.C.F.	R-14, Harlowton	Spanish Communication Communic	A distribution talk &		CATEGOR! COMMUN.CT		6 Section of the table of tab	GENERAL HOSPITALS Harlowton	TOTAL	CONG-TERM CARE NURSING HOMES	Harlowton	TOTAL	DIAGNOSTIC AND TREATMENT CENTERS	Harlowton	TOTAL	H Community of the Comm

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201

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AREA R-14, Harlowton	4	4. PERIOD COVERED BY INVENTORY January 1, 1965 - Dec	18 VENT	Oecember 1	, 1965	22				5. Page	or,	م جي له ل
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Q	7	8	o	10	=	12	13	14	15	16	17	West of the second seco
GENERAL Wheatland Memorial	Score	Harlowton	NPA	19	0	6	0	0	8	0	436	3,850
AREA TOTAL				19	0	19	0	0	1	0	436	3,850
LONG-TERM CARE NURSING HOMES Wheatland Mem. Hosp.	Wheatland	Harlowton	NPA	12	0	21	0	0	ı	0	18	3,373
AREA TOTAL				12	0	12	0	0		С	18	3,373
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DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-15, Roundup		2 STATE	Montana			3. FISCA	3. FISCAL YEAR 1967	CHRISTIAN CHRISTIAN BENCH OF CHRISTIAN CHRISTI
CATEGORY	CIVI POPUL (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area	А В В С С С С В В В В В В В В В В В В В В
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4	ഹ	9		80	6	10	-	12
GENERAL HOSPITALS	5.4	4.5	2,643	489	9	2		7
LONG-TERM CARE FACILITIES	0.77	0.77		13,056 2/	28	41		

AREA NARRATIVE

This area includes Musselshell County and the Eastern portion of Golden Valley County. It has a rolling terrain and is served by good highways. Industries in the area include agriculture, livestock, coal mining and some oil production.

Due to the curtailment of coal mining operations in the area, the younger people have gone elsewhere for employment. This has resulted in a high percentage of persons aged 65 and over with Musselshell having 14.3% and Golden Valley, 14.5%. There are only three other counties in the state having higher percentage There are only three other counties in the state having higher percentage with a maximum of 15.2%. Construction for the modernization of the Roundup Memorial Hospital and a 19 bed nursing home additions Roundup is nearing completion. This leaves an un-met need for 25 nursing home beds for this area.

1/ Population age 65 and over.

PHS-709.6 REV

Use rate of 13.056 is average of sixteen (16) service areas having reasonable experience. 12

HEALTH, EDUCATION, AND WELL OF PUBLIC REALTH SERVICE SILVER SPRING, MARKLE AS 20818

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Roundup	Musselshell	er er somet av same samenda, tid	_	0	C		NOS - I January and Alexandrian State (No. 1988)			y Magaine at the Land Laguer Air a gradel annibus						
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HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

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	FISCAL YEAR 1967	(05)	ADJUSTMENT (Explain in Area	Narrative)		-1-			
	3. 71 80		BED NEED GEN. Col. 9 1.TC. Col. 9	.90 + 10		0.1	O L	30	91
			PROJECTED ADC Col. 6xCol. 8	(0)	c	6	38	000	73
	Montana		USE RATE COL. 7		α		839		13,056 2/
			PATIENT DAYS (Current)		7		13,679		(6,206)
2. STATE			CIVILIAN DPULATION thousands)	PROJECTED	9		16.7		$2.03\frac{1}{}$
			CIVILIAN POPULATION (In thousands)	CURRENT	22		16.3		2.03 1/
1. AREA	R-16, Livingston		CATEGORY		4		GENERAL HOSPITALS		LONG-TERM CARE FACILITIES

AREA NARRATIVE

Transportation is good, being served by highways and railroad. The main industries include agriculture, live-stock, logging and some mining. "Dude Ranches" are also located in this area. Livingston is a railroad The service area consists of Sweet Grass and Park Counties which are located in mountainous area. division point for the Northern Pacific Railroad and is the gateway to the north entrance of Yellowstone

The area is served by two hospitals, one at Big Timber with 17 beds, the other at Livingston Both hospitals are programmed for modernization. with 58 beds.

A new 32-bed nursing home was constructed at Big Timber and placed into operation July 1, 1965. The Livingston Pioneer Home at Livingston is in need of replacement and accordingly 44 long-term care beds are programmed for Livingston.

- 1/ Population age 65 and over.
- 2/ Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience.

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Form Approved Budget Bureau No. os. RS CHEALTH, EDUCATION, ALC WELFARE PUBLIC HEALTH SERVICE SILVER SPEING, MARYLANG 208

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GENERAL HOSPITALS Livingston Big Timber	Park Sweet Gr	Grass	gravito gravita		00	Romania Garanza Antonia mangana mangana pangangan pangangan pangangan pangangan pangan	58	58	00	1 1		10	co	10	massey valgetes design of the consorted value		
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DEPARTME	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	ATION, AND WELFARE SERVICE C. 20201	ia l			1, STATE		Montana				1967
3. AREA R-16, Livingston		4. PERIOD COVERED BY January 1,	87 INVENTORY 1965 - 0	December	31, 1	1965				5. Page		
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GENERAL Livingston Memorial Sweet Grass Community	Park/3/10 Sweet Grass	Livingston Big Timber	NPA NPA	58	00	177	00	00	1 8	00	1,902	10,960 2,719
- AREA TOTAL				75	0	75	0	0	ı	0	2,448	13,679
LONG-TERM CARE NURSING HOMES Livingston Pioneer Home Sweet Grass Co. Pioneer Home	Park Sweet Grass	Livingston U	ton Prop	15 15 0 32 0 0 47 15 0	15 0 15	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0	1 1	32 51 32 55 32 55 900 ET BUREAL	hade 2	7,652 1,554 9,206
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DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA		2 5T	STATE	and the state of the same and t		3. F15CA	FISCAL YEAR	
R-17, Columbus			Montana	ro			51	1967
CATEGORY	CIVI POPUI (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Norranius)	A DJUSTED BED NEED
	CURRENT	PROJECTED				06.	(2232)	
4	5	9	7	8	6	10		12
GENERAL HOSPITALS	5.3	5.2	5,508	1039	15	29		
LONG-TERM CARE FACILITIES	0.63	$0.63^{\frac{1}{2}}$	10,950	17381	30	43		

AREA NARRATIVE

This area consists of Stillwater County. It has mountains with valleys and otherwise rolling terrain. It is served by good roads and railroad. The industry in the area includes mining, agriculture, livestock and wood products manufacturing.

The Stillwater Community Hospital serves this area. This was previously listed as a 22-bed hospital. However, on the basis of minimum room area requirements, it has a capacity of 11 beds, which results in the hospital operating at an occupancy of 137%. This facility is programmed for modernization and additional

-110-

In the long-term care category, the existing facility is in need of replacement.

1/ Population age 65 and over.

PEALTH EDILLATION AND WELLTARE PUBLIC HEALTH SERVICE SH.VER SPRING, MARYLAND 20510

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GENERAL HOSPITALS Columbus	Stillwater		*	0		grown	Parties Comments		0	t	0	29	. ~				
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AREA R-17, Columbus	4.	PERIOD COVERED BY INVENTORY January 1, 1965	INVENTOR	December	ser 31	, 1965				5. Page	of C	pases
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LONG TERM CARE NURSING HOMES Fair Haven Home	Stillwater	Columbus M	Prop	38	38	0	C	0	ı	0	=	. 10,950
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HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-18, Red Lodge		2 STA TA	Montana			3. FISCAL	AL YEAR 1967	
CATEGORY	CIVILIAN POPULATION (In thousands)	CIVILIAN OPULATION thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6xCol. 8	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	A D U S S E E E E E E E E E E E E E E E E E
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GENERAL HOSPITALS	. 7.9	6.4	7,014	888	16	30		
LONG-TERM CARE FACILITIES	1.18	1.18	B B	13,056	42	57		

AREA NARRATIVE

and railroads. Industries in this area include mining, agriculture, livestock raising and oil and natural gas production. This is also a recreation area for hunting, fishing and skiing. The Red Lodge-Cooke City Highway serves the North East Entrance to Yellowstone Park. This is mountainous and rolling country and is served by highways This area consists of Carbon County.

The curtailment of coal mining operations in the Red Lodge area resulted in the younger people moving ere for employment. Due to this, Carbon County has 15.0% of its population age 65 and over which is the second highest percentage in Montana. elsewhere for employment.

A project involving the modernization of the Carbon County Memorial Hospital and the construction of a 24-bed nursing home addition is currently underway. While 3 hospital beds and 33 long-term care beds are programmed, it is not anticipated that these will be constructed in the immediate future.

- 1/ Population age 65 and over.
- Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience. 72

Budget Bureau No. 58-83

DEFARTMENT TO WELFARE PUBLIC HEALTH of TYICE SHLVER SPRING, MARYLAND 20310

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Red Lodge	Carbon	-	_	C	0	24	0	0	•	24	57	33	0			
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3. AREA R-18, Red Lodge	4.	4. PERJOD COVERED BY	965 -	BY INVENTORY 1965 - December	31, 19	1965				5. Page) of	, pages
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LONG TERM CARE NURSING HOMES Carbon Co. Memorial	Carbon	Red Lodge	NPA	24 uc	0	0	0	0	1	24 uc		
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DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-19, Hardin		2. STATE		Montana		3. F1SC	FISCAL YEAR 1967	
CATEGORY	CIVILIAN POPULATION (In thousands)	CIVILIAN DPULATION thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6 x Col. 8	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	ADJUSTED BED NEED
	CURRENT	PROJECTED				06.		
4	2	9	7	80	σ	10		12
GENERAL HOSPITALS	10.0	10.2	3,307	331	6	22		
LONG-TERM CARE FACILITIES	0.741/	0.74 1/	(3,793)	13,056 2/	26	39		

AREA NARRATIVE

This service area consists of Big Horn County. This is both mountainous and rolling country and is served by good highways and railroad. Industry in the area is chiefly agriculture and livestock raising.

These The Crow Indian Reservation and the Tongue River Indian Reservation are in this service area. The served by a 36-bed Public Health Service Indian Hospital at Crow Agency, 13 miles distant from Hardin.

an The non-Indian population is served by the Big Horn County Memorial Hospital at Hardin which is 18-bed general hospital with a 10-bed nursing home sub-unit. There is a need for 29 additional long-term care beds and modernization of the 10-bed sub-unit in the existing hospital.

- 1/ Population age 65 and over.
- Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience. 12

HEALTH, EDUCATION, AND WELFANE PUBLIC HEALTS SERVICE SILVER SPRING, MARY LAND 208 N

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DEPARTMEI	NT OF HEALTH, EDUC PUBLIC HEALTH WASHINGTON, D.	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	LLJ			1, STATE		Montana				2. FISCAL FEAR 1967
AREA R-19 Hardin	4	4. PERIOD COVERED BY	BY INVENTORY	RY Montana	ına					5. Page	jo	pages
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GENERAL Big Horn Co. Memorial	Big Horn	Hardin	NPA	<u>&</u>	0	0	0	0	1	<u>~</u>	808	3,307
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8-												
LONG-TERM CARE NURSING HOMES												
Big Horn Co. Memorial	Big Horn	Hardin	NPA	10	10	0	0	0	•	0	18	3,793
AREA TOTAL				10	10	0	C	0	1	Û	18	3,793
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HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA I-6, Billings		2 STATE	ATE Montana			3. F1SCA	FISCAL YEAR 1967	
CATEGORY	CIVI POPUL (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6xCol. 8	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Narraine)	ADJUSTED RED REED
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GENERAL HOSPITALS	80.6	9.001	106,024	1312	362	462		
LONG-TERM CARE FACILITIES	5.97-	5.97 1	(47,768)	13,056 2/	214	248		

AREA NARRATIVE

This area consists of Yellowstone County which manks highest in population of all the counties in the State. This, in general, is mountainous and otherwise has rolling terrain. It has good transportation facilities by good highways, air and railroad. The area has diversified industries including agriculture, livestock raising and marketing, meat packing, sugar refining, oil refining, trucking and some manufacturing. Billings is the trades center and medical center for South-Central Montana and Northern Wyoming. It is also the location of Eastern Montana College and Rocky Mountain College.

Both of the Billings The area is served by two general hospitals at Billings. The previous revision of the State Plan listed noent Hospital as having 202 beds. The decrease in bed count is due to remodeling. Both of the Billings the St. Vincent Hospital as having 202 beds. hospitals are programmed for modernization. The new Yellowstone County Nursing Home (60 beds) was opened to receive patients in November, 1966 resulting in the demolition of the Yellowstone County Convalescent Home. Since there is an excess of long-term care beds in this area, no additional beds are programmed in this category.

- 1/ Population age 65 and over.
- Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience.

Burker Burnau No. 68-RE

DEFERTMENT OF WELFARE PUBLIC HEALTH SLAVICE SILVER SPRING, MARYLAND 205-0

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HEALTH, EDUCATION, AND MELPANE PUBLIC HEALTH SERVINE
SILVER SPRING, MARYLAND 20210

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	4. p	IDENTIFICATION		N A M E 0 O F Y ⊢ Y →	7	Yellowstone Yellowstone	8,0200	Yellowstone Yellowstone Yellowstone Yellowstone Yellowstone Yellowstone Yellowstone April, 1965
DEPARTMEN	AREA I-6, Billings	DEN		ATEGORY NAME OF FACILITY	O	GENERAL Billings Deaconess St. Vincent's	AREA TOTAL	CONG-TERM CARE NURSING HOME Glendeen Home Yellowstone Co. Nursin Home Yellowstone Convales- cent Home Valley Nursing Home New Western Manor Laurel Nursing Home AREA TOTAL 1/ Closed 2/ Opened

DEPARTMEN	NT OF HEALTH, EDUC PUBLIC HEALTH WASHINGTON, D.	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201				1. STATE		Montana	ana			2. F 50 - 1 0 - 9
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AREA TOTAL				a.	C	c	c	0	ı	α	166	1,701
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DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-20, Glasgow		2. STATE		Montana		3. F1SCA	FISCAL YEAR 1967	
CATEGORY	CIVI POPUL (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6xCol. 8	GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	ADJUSTED BED NEED
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4	5	9	7	89	6	10	==	12
GENERAL HOSPITALS	22.7	21.7	11,153	491	66	47		
LONG-TERM CARE FACILITIES	1.07	1.47	9 9	13,056	53	69	-	

AREA NARRATIVE

highway, railroad and air. The major trade center is Glasgow. The area is primarily agriculture, stock raising, and generation of electric power from the Fort Peck Reservoir which is near Glasgow. The U. S. Air Force Base This area consists of Valley County. This is relatively flat country and has good transportation by which is scheduled to be closed in 1968, is also located near Glasgow. A large part of the Fort Peck Indian Reservation is in the county.

The area is served by the Frances Mahon Deaconess Hospital at Glasgow. This facility is in need of A 30-bed addition to the hospital is currently under construction. The Air modernization or replacement. A 30-bed addition to the hospital is currently under construction. The Force maintains a hospital at the air base which is restricted to air force personnel and dependants. Programmed for construction is a 60-bed nursing home at Glasgow. There are currently no long-term care beds in the area.

- 1/ Population age 65 and over.
- Use rate of 13,056 is average of sixteen (16) service areas having reasonable experience. /2

HEALTH, EDUCATION TO WELF PER PROBLEC HEALTH SERVICES SILVER SPRINS, MARTLAND 20915

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE SILVER SPRING, MARYLAND 20910

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DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-21, Scobey		2. STATE	Montana	าล		3. FISCA	FISCAL YEAR 1967	7
CATEGORY	CIVILIAN POPULATION (In thousands)	CIVILIAN DPULATION thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6 x Col. 8	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	ADJUSTED BED NEED
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GENERAL HOSPITALS	3,8	3.2	3,650	196	α	21		
LONG-TERM CARE FACILITIES	0.43 1/	=0.43 1/	\$ 0 8	13,056	15	27		

AREA NARRATIVE

This area consists of Daniels County which has gently rolling terrain. It is served by good highways. The largest community is Scobey. The chief industries are agriculture and stock raising.

The area is served by the Daniels Memorial Hospital, a 20-bed facility which has a newly constructed 19-bed nursing home unit. While the program indicates a need for one additional bed and modernization of 6 beds in the hospital category and an additional 2 nursing home beds in the long-term care category, it is not anticipated that this will be constructed in the immediate future. -128-

1/ Population age 65 and over.

Use rate of 13,050 is the average of sixteen (16) service areas having reasonable experience. 72 DEFARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SILVER SPRING, MARYLAND 20910

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DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-22, Plenywood		2. STATE	ATE Montana	na		3. F1SCA	3. FISCAL YEAR 1967	7
CATEGORY	CIVILIAN POPULATION (In thousands)	IAN ATION Sands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8	BED NEED GEN. $\frac{0.9}{.80} + 10$ LTC. $\frac{0.9}{.00} + 10$	ADJUSTMENT (Explain in Area Narative)	ADJUSTED BED NEED
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LONG-TERM CARE FACILITIES	08.0	08.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13,056 2/	59	42		

AREA NARRATIVE

The area is served by The chief industries are agriculture, stock raising, and oil production. This area consists of Sheridan County which has gently rolling terrain. good highways. The area is served by the Sheridan Memorial Hospital at Plentywood. The completion of an 8-bed hospital addition changes the bed count from 24 beds, as shown in the previous revision of the State Plan, to 32 beds. There is currently under construction a 27-bed nursing home addition to the hospital with modernization of the hospital. While the program indicates a need for two (2) hospital beds and fifteen (15) long-term care beds it is not anticipated that there will be added in the immediate

1/ Population age 65 and over.

Use rate of 13,050 is the average of sixteen (16) service areas having reasonable experience.

Budget Bureau No. 68-R89

Form Approved

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DEPARTMENT	AREA R-22 Plentwood	631131			TEGORY NAME OF FACILITY	ω	GENERAL HOSPITALS Sheridan Memorial	AREA TOTAL	-133-	LONG-TERM CARE NURSING HOMES Sheridan Memorial	AREA TOTAL	uc - Under Construction	245-708-2 111% 1cs.

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

R-23, Roosevelt		2. 5	2. STATE Montana	a		3. FISC	FISCAL YEAR 1967	, Marian
CATEGORY	CIV POPU (In tho	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADG Col. 6x Col. 8	GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area	ADJUSTE? BED NEE?
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AREA NARRATIVE								

Peck Indian Reservation. This area is generally rolling country and is served by good highways and railroad. The larger communities are Wolf Point, Poplar, and Culbertson. Industry in the area includes agriculture, This service area consists of Roosevelt County which also includes the greater part of the Fort livestock raising and oil production.

There are three hospitals in the area with the Roosevelt Memorial Hospital at Culbertson in need of modernization. Due to the high occupancy of the nursing home unit at the Poplar Community Hospital, an additional 19 nursing home beds are programmed at Poplar. The three hospitals serve the Indian and non-Indian bed needs of the area.

1/ Population age 65 and over.

Form Approved

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DEPARTMENT		OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	m			1. STATE		Montana	٥			2. F.SCA. YEAR
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Roosevelt Memorial Trinity Hosptial Poplar Community	Roosevelt Roosevelt Roosevelt	Culbertson Wolf Point Poplar	NPA NPA NPA	23 47 22	000	223	000	000	1 1 1	n 47 22	417 1,943 1,626	2,338 11,36# 7,489
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LONG-TERM CARE NURSING HOMES Faith Lutheran Home Community Hosp. N. Hm. Roosevelt Mem. Hospital AREA TOTAL	Roosevelt Roosevelt Roosevelt	Wolf Point Poplar Culbertson	N N N N N N N N N N N N N N N N N N N	39 70 6 65	coc 6	c c u	ccc c	coc c	6 0 0	39 20 Licensed 59	10 10 11/23/66 NA	14,000 8,556 1,736 24,292
PHS-708-2 MW 16.7		INVEN	INVENTORY OF INP	F INPATIEN	ATIENT FACILITIES	ITIES				FORM APP BUDGET E	FORM APPROVED BUDGET BUREAL NO. 18	

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA R-24, Jordan		2. STATE	Montana	na		-3. F15C	3. FISCAL YEAR 1967	1
CATEGORY	CIV POPU (In tho	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8	BED NEED GEN. Col. 9 .80 LTC, Col. 9	ADJUSTMENT (Explain in Area	ADJUSTE'S BED NEE'S
	CURRENT	PROJECTED				90 + 10		
4	5	Q	7	æ	6	10	11	12
GENERAL HOSPITALS	2.0	1.7	3,179	1,590	7	10		1 6
ONG-TERM CARE FACILITIES	0.22 1	0.22 _	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13,0567	00	19		
AREA NARRATIVE								

It is served by highway Industry is limited This area consists of Garfield County which is generally rolling country. only, there being no railroad in the county, and there is no public transportation. chiefly to agriculture and livestock raising. The area is served by the Garfield County Hospital at Jordan which is programmed for modernization. There are no long-term care beds in the area at present. Accordingly, 19 beds are programmed, preferably as a nursing home addition to the hospital.

1/ Population age 65 and over.

Use rate of 13,056 is the average of sixteen (16) service areas having reasonable experience.

1. AREA	2.	2. TOTAL C	CIVILIAN POPULATION	POPUI	ATION		3. CIVILIA	CIVILIAN POPULATION	ATION AG	AGE 65 AND OVER:	OVER:	4. STATE	7	Montag		
					PROJECT	ED	CURI	CURRENT		PROJECTED	TED			ונמומ		\
R-24, Jordan		2,000			1.700		222			222		S. FISCAL	YEAR	1961		1
LOCATION		NO.	OF	FACILITIES	IES	The second second	NO. OF BE	OF BEDS EXISTING	TING	_	NO. OF BEDS	S PROG	PROGRAMED	% NEED MET	MET	11
				L			NONCO	NONCONFORMING					a:			15.11
TEGORY	NAME OF	STING	19.	9E	DEBNIZEC BE	TAT STING	FEDERAL	AL	TE ANDARDS	; NEORM-	TAL EDED	38 030	DEBNIZE BE	-эиятгис- ис	-ияза иотта	10-71-719. M. N. O. O. O. M IV
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9	7	ω	6	0	=	12	13	14	15	16	17	18	19	8	21	3
GENERAL HOSPITALS																
Jordan	Garfield	-		0	_	20	50	0	ı	0	10	0	19			
TOTAL		-	-	С	-	50	50	С	ŧ	C	19	0	10	0	0	-
LONG-TERM CARE NURSING HOMES																
Jordan	Garfield	C			C	С	С	C	ı	С	19	19	0			
TOTAL		С	-	-	С	0	С	c	e e	С	19	19	0	0	0	С
DIAGNOSTIC OR TREATMENT CENTERS																
Jordan	Garfield	_	<u></u>	C												
TOTAL		-		С	p									С	С	
													full-modely - m dis			
HS-703-7		the desired of the second	-	ARE	A SUMM	ARY AND	AREA SUMMARY AND PROGRAM	# # -	to the manufacture in the	design of the first of the firs	FO	FORM APPROVED: BUDGET BUREAU NO. 68-R897	OVED:	. 68-R89		1

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DEPARTME	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	CATION, AND WELFAF SERVICE C. 20201	٦. E			1. STATE		Montana	ana			2. F STAL VEAR
. AREA R-24, Jordan	4.	PERIOD COVERED BY	ered by inventory January 1, 1965	1.	December	31,	1965			5. Page	of	Q 90€ C
IDEN	IDENTIFICATION			NUMBER	OF BEDS,	S, EXISTING	и .	AND UNDER	CONSTRUCTION	UCTION	ST	ATISTICS
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General Garfield County	Garfield	Jordan	NPA	20	0	20	C	0	g	0	257	3,179
AREA TOTAL	parl.			20	С	20	C	c	1	c	257	3,179
40-												
PH9 1-2 1977		7	TOR	FNI		11.17				FOF	PROV.	

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

R-25 , Sidney		. S.	2. STATE Montana	na		3. F1SC	3. FISCAL YEAR 1967	7
CATEGORY	CIV POPU (In tho	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6xCol. 8	BED NEED GEN. Col. 9 + 10 LTC. Col. 9	ADJUSTMENT (Explain in Area	ADJUSTE BED NEE
	CURRENT	PROJECTED				06.		!
d	s	9	7	60	6	10		12
SENERAL HOSPITALS	10.6	10.0	13,196	1245	34	53		
ONG-TERM CARE FACILITIES	1.12 7	1.12	11,852	10,582	33	46		
AREA NARRATIVE								

This area consists of Richland County which is plains area with rolling terrain. It is served by good highways, railroad and air. Chief industries include agriculture, livestock and sugar refining.

The area is served by the Community Memorial Hospital at Sidney which is in need of replacement, and the Richland Homes also at Sidney. While seven (7) long-term care beds are programmed, it is not anticipated that these will be constructed in the immediate future.

1/ Population age 65 and over.

Budget Bureau No. 62, 23

Form Approved

1. AREA		2. TOTAL		CIVILIAN POPULATION	SPULA	NOIL		3. CIVILIA	IN POPUL	ATION AG	CIVILIAN POPULATION AGE 65 AND OVER:	OVER:	4. STA I		Montana	ر 2	
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R-25, Sidney		CURRENT	LI		PR	PROJECTED	D	COK	KENI		FNOJEC		5. FISCAL	L YEAR			
		10,600			5	10,000		1,120	20		1,120				1967	17	1
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CATEGORY	NAME OF COUNTY		AL STING	DED		EBNIZEI OE	STING	FEDERAL STANDARDS	ARDS	JTE MDARDS	-МЯОЯМ- ;	TAL	DED	DEBNIZE BE	изтвис- ои	реви- регои)-71 '10, 7 NH 0011 7 NH 17 N
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Sidney	Richland	70		_	c	-	54	54	0	1	C	53	_Û	53			
TOTAL			_	-	C	-	54	54	С	ı	0	53	, 0	53	В	0	_
LONG TERM CARE NURSING HOMES																	
Sidney	Richland	D			С	С	39	0	0	1	39	97	۲.	C.			
TOTAL			-	-	С	С	39	С	0	8	39	46	7	0	82	100	0
DIAGNOSTIC OR TREATMENT CENTERS																	
Sidney	Richland	рı		_	С	-											
TOTAL			-	_	С	_									Ç	c	
										de de la companya de							,
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DEPARTMI	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	CATION, AND WELFAF SERVICE .C. 20201	<u>ج</u>			1. STATE	1,1	Montana	ana			2. F.SCA (MAR)
. AREA R-25, Sidney	4.	4. PERIOD COVERED BY	1, 1965	5 - December	ber 31	, 1965				5. Page	oŕ	pages
105	IDENTIFICATION			NUMBER	OF BEDS,	S, EXISTING		AND UNDER	CONSTRUCTION	JCTION	TS	ATISTICS
					\A	NON	NONCONFORMING FEDERAL STANDARDS	RDS				
ATEGORY NAME OF FACILITY	N A M M C O O C N O F T ≺	N A M C C C C C C C C C C C C C C C C C C	ТОЯТИОО	TOTAL	∢		U	۵	BY STATE YES CAN ALS (Innoise)	CONEOBWING	ADMISSIONS OR DISCHARGES Mew-Born) Activities New-Born)	ት 2 14 ፡ ፡ › ት ፡ ፡ ፡ ፡ ፡ · 4 ፡ ፡ · · · 0
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AREA TOTAL	10600			54	c	54	0	C		0	2,801	13,196
13-												
LONG-TERM CARE NURSING HOMES												
Richland Homes	Richland	Sidney []	NPA	39	c	C	c	C	8	39	21	11,852
AREA TOTAL				39	c	c	C	C	ı	39	21	11,852
PHS-708-2 118W 12-7		INVEN	TORY O	I I I I I I I I I I I I I I I I I I I	T FACI	LITIES				FORM AP	FORM APPROVED:	F&-K&\$-3

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

R-26, Glendive		2. STATE	ATE Montana			3. FISCAL	FISCAL YEAR 1967	
CATEGORY	CIVI POPUL (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8	GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	ADJUSTED BED NEED
	CURRENT	PROJECTED				0%:		
4	S.	9	7	8	ō	10		12
GENERAL HOSPITALS	17.6	20.0	15,037	R54	4.7	69		
LONG-TERM CARE FACILITIES	1.44	1.44	(13,171)	13,056	52	68		

AREA NARRATIVE

This area is comprised of Dawson, McCone and Wibaux Counties. This is plains area with good highways, railroad and air service. The larger communities are Glendive, Circle and Bibaux. The industries in the area are agriculture, livestock raising, and oil production.

a new 46 bed hospital modernization. No facilities are programmed for the community of Wibaux since it is only R miles distant to the hospital at Reach Nowth Debote at Circle. The Glendive Community Hospital, which was shown as having 55 beds in the previous State Plan, is licensed for 43 beds in the basis of minimum area requirements. Construction is currently under way for The area is served by the Glendive Community Hospital at Glendive and the McCone County Hospital miles distant to the hospital at Beach, North Dakota.

The area has no conforming beds in the long-term care category. Since the General Nursing Home at Glendive cannot be modernized a new facility should be considered.

- 1/ Population age 65 and over.
- 2/ Use rate of 13,056 is the average of sixteen (16) service areas having reasonable experience.

The Glendive Community Hospital at Glendive was formerly operated by the Northern Pacific Beneficial Association and was known as the N.P.B.A. Hospital.

. AREA	OT 6	H.	CIVILIAN POPULATION	OPULA	TION	100 March 100 Ma	3. CIVILIA	CIVILIAN POPULATION	ATION AG	AGE 65 AND OVER:		4. STATE	74			ì:
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R-26	CURRENT	TNE		PR	PROJECTE	QS	CURI	CURRENT		PROJECTED		S. FISCAL	YEAR			\
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v	7	8	6	02	11	12	13	14	15	16	17	18	19	8	21	
GENERAL HOSPITALS																
Glendive Circle	Dawson McCone		<u></u>	cc	0 -	46	10	7	1 1	90	23	00	0			
TOTAL		2	2	0	-	69	10	7	•	52	69	0	17	75	75	C
LONG TERM CARE NURSING HOMES																
Glendive	Dawson	2	-	С		37	37	0	ı	Û	6R	31	37			
TOTAL		2	_	С	_	37	37	0	t	C	89	31	37	0	0	0
MENTAL FACILITIES	Refer to 1966-1967		Montana		State	Plan for	. Community Mental	ity Me		Health	Centers	Const	ruction			
Glendive	Dawson	С		_	c	0	0	С	•	С	† 1 1	1 1	i i			
TOTAL		С	_	- -	C	0	0	C		C	3 3 3 3		1			
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R-26, Glendive	Tive	17,600	0		20	20,000		1,444	4		1,4	,444	5. FISCAL	LYEAR	1967	2	
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DIAGNOSTIC OR TREATMENT CENTERS																	
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Circle Glendive	Mc(Daw	McCone Dawson			CC	-0											
TOTAL			2	2	0	-									50	50	
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R-26, Glendive	4.	4. PERIOD COVERED BY	BY INVENTORY 1965 0 De	December 31	-	1965				5. Page	Jo	pages
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SATEGORY NAME OF FACILITY	NAME OF OOUNTY	Z O O F Z O O O O O O O O O O O O O O O O O O O	CONTROL	TOTAL		0 0 1		۵	BY STATE SUBSTANDING (Innoite)	соиьовміис	ADMISSIONS OR DISCHARGES (Bxcluding New-Born)	0 4 0 7 3 × 4 8 × 4 0 1 × 4 0
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GENERAL Glendive Community Glendive Community McCone County	Dawson 12600 Dawson McCone 3300	Glendive Glendive Circle	NPA NPA NPA	(43) 46 uc 23	ccc	(43) 0 10	CCC	007	1 1 1	0 46 uc	1,688 818	10,704
-147-				69	c	2	C	7	1	52	2,506	15,037
LONG-TERM CARE NURSING HOMES Glendive Comm. Hosp. General Nursing Home	Dawson Dawson	Glendive Glendive	NPA Co.	10 27	0 27	ر د د	CC	CC	1 1	cc	9	3,650
AREA TOTAL				37	27	υļ	0	0	0	С	13	13,171
UC - Under Construction												·
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DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

R-27, Forsyth	th	2. STATE	ATE Montana			3. FISC	3. FISCAL YEAR 1967	
CATEGORY	Indod IVID	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6 x Col. 8 365	BED NEED GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narrative)	ADJUSTE? BED NEE?
	CURRENT	PROJECTED				06.		
4	vs.	9	7	80	6	10	11	12
ENERAL HOSPITALS	6.9	6.2	4,528	959	_	24		
ONG-TERM CARE FACILITIES	0.70	0.70 1/ 0.70	9.129	13041.4	25	38		

AREA NARRATIVE

plains area, it has a rolling terrain. The area is served by good highways and railroad. A portion of the Tougue River Indian Reservation is located in Rosebud County. Industry in the area includes agriculture, This area comprised of Rosebud County and the larger part of Treasure County. While this is livestock raising, coal mining and some lumber production. The area is served by the Rosebud Community Hospital at Forsyth. This is a 20-bed hospital with a 25-bed nursing home unit. The hospital is in need of replacement of the existing 20 beds and 4 beds to be added. The nursing home unit is in need of modernization.

1/ Population age 65 and over.

Bedget Pur ... No. C.

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R-27, Forsyth	٠ <u>.</u>	6.900		-		6.200		702	2		702	2	S. FISCAL	L YEAR	1967		į
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GENERAL HOSPITALS																	
Forsyth	Rosebud	pnq	-		C	_	20	20	0	ı	0	24	4	50			
TOTAL			_	-	С	,_	20	20	0		0	24	4	20	0	0	0
LONG TERM CARE NURSING HOMES																	
Forsyth	Ros	Rosebud		-	c	-	25	25	0	ı	c	38	13	25			
TOTAL			_		С	-	52	52	0	6	C	38	13	25	0	С	C
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Forsyth	Ros	Rosebud	_	_	C	_		¢									
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15-7C2-7 7V, 2-67	And the second s	design of the second se	*		AREA	SUMMA	ARY AND	AREA SUMMARY AND PROGRAM				0 ₩ ₩	RM APPR DGET BU	FORM APPROVED: BUDGET BUREAU NO. 68-P397	D. 68*P25	7	

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	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	JCATION, AND WELF H SERVICE J.C. 20201	ARE			1. STATE		Montana	72 77 20			2. FISCAL YEAT
R-27, Forsyth	4	4. PERIOD COVERED BY INVENTORY	BY INVENT		December	8	1065	of the section of the		5.		1001
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GENERAL												0
Rosebud Community	Rosebud	Forsyth	NPA	20	c	20	C	C	ĵ	C	762	4,528
-051-	. (200			20	C	20	С	C		c	762	4,528
LONG TERM CARE NURSING HOMES												
Rosebud Comm. Hosp. N. Hm.	Rosebud	Forsyth	NPA	25	С	25	0	С	1	c	45	9,129
AREA TOTAL				52	0	25	С	С	1	С	45	9,129
(5-708-2 IIIW.trs. 7-708-2 III		INVEN	INVENTORY OF	- INEATIENT FACILITIES	FACIL	TIFS				FORM APPROVED:	ROVED:	To a C a

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

1. AREA		2. STATE				3. FISC	3. FISCAL YEAR	í
R-28, Broadus			Montana				1961	
CATEGORY	CIVI POPUL (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6xCol. 8	GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area	ADJUSTE?
	CURRENT	PROJECTED				06.		
4	2	9	7	60	6	10		12
GENERAL HOSPITALS	2.5	2.2	(2250) 1/	006	22	16		
ONG-TERM CARE FACILITIES	0.24	0.24 2/ 0.24 2/	9	13,056	6	20		
AREA NARRATIVE								

It is served by highway only with transportation by private cars. The nearest hospital to Broadus, the County Seat, is Miles City which is 80 miles north; to the east is Belle Fourche, South Dakota, 95 miles away and to the south at Gillette, Wyoming, 90 miles and Hardin to the west, 125 miles. There is no communication with Ekalaka, the county seat of Carter County, which is 110 miles by road from Broadus and part of the road, 80 is agriculture and livestock. This is rural area having a population density of 0.8 persons per square mile. This area consists of Powder River County, which is plains area with rolling terrain. miles, is dirt and gravel road which is passable only under good weather conditions. Programmed for construction at Broadus is a small 9 to 16 bed hospital with a 20-bed nursing home unit.

- Based on utilization of a 10-bed hospital at Chester which serves a population of 2,600.
- 2/ Population age 65 and over.
- Use rate of 13,056 is the average of sixteen (16) service areas having reasonable experience.

		1	V	1354	17) Z 17 10 17) M 100 17) Z 17 10	994			C			С				
Secretary Secretary	na) MET		леви - Певи-		21		C			0			0	
	Montana	1967	% NEED MET		NSTRUC-	COI	20		a			C			С	
A A STATE OF THE S		LYEAR	PROGRAMED	а	DEBNIZE BE		19		C		0	0				
4. STATE		S. FISCAL			0ED 8E		18	9	16		20	20				
OVER:	CTED		NO. OF BEDS		TAL		17	<u>~</u>	91		20	20				
AGE 65 AND OVER:	PROJECTED	242			NFORM-	іие Соі	16	0	C	·	O	C				
			EXISTING		7 TE		15	4	8		8	\$ *				
CIVILIAN POPULATION	CURRENT	242	BEDS EXIS	NONCONFORMING	AL	۵	14	0	C		С	0				
3. CIVILIA	CUR	2	NO. OF BE	NONCO	FEDERAL	A-B-C	13	0	0		0	0				
Section Control of the Control of th	ED				TAL STING		12	0	0		0	Û				
ATION	PROJECT	2,200	ES	a	DEBNIZE! BE	OT OM		C	С		С	c.		С	c	
POPULAT	d.		CILIT		030 8E	OŢ JQA	0	-	-		F F F F F F F F F F	_			<u></u>	
VILIAN			NO. OF FACILITIES		TAL	TOT	6	-	-		_	-		_	-	
2. TOTAL CIVILIAN POPULATION	ENT		NO.		TAL STING	TOT	8	C	С		C	С		0	С	
2. TC	CURRENT	2,500	ON .		NAME OF COUNTY		7	Powder River			Powder River			Powder River		
AREA	R-28 Broadus		CONTRACTOR OF THE PROPERTY OF		ATEGORY		9	GENERAL HOSPITALS Broadus	TOTAL	LONG TERM CARE NURSING HOMES	Broadus	TOTAL	DIAGNOSTIC OR TREATMENT CENTERS	Broadus	TOTAL	

AREA SUMMARY AND PROGRAI

FORM APPROVED:

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DEPARTME	ENT OF HEALTH, EDI PUBLIC HEALT WASHINGTON, (DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	ب ق			1. STATE		Mo	Montana			2, F SCA 1 6 E S R
AREA R-28, Broadus	4	4. PERIOD COVERED BY INVENTORS	HYENTE		December 3	31, 1965	5			5. Page	l of	Pages
101	IDENTIFICATION			NUMBER	R OF BEDS,	DS, EXISTING		AND UNDER	CONSTRUCTION	CCTION		STATISTICS
						ONON	NONCONFORMING	ING				
		LL 2 4 2			∀ B	FEDERAL	STANDARDS	RDS	1	ອ		
ATEGORY NAME OF FACILITY	ス 4 0 0 1 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.00 7.00 7.00 7.00 7.00 7.00	соитвог	TOTAL	∢	œ	U	۵	BY STATE STANDATS (InnoildO)	СОИЕОВИІИ	ADMISSIONS OR DISCHARGE (Excluding New-Botn)	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9	7	8	6	10	11	12	13	14	51	16	17	8
GENERAL None None None												
PHS-708-2 HEW Lex 7-65		INVE	NTORY (INVENTORY OF INPATIENT FACILITIES	INT FAC	ILITIES				FORM A BUDGE	FORM APPROVED: BUDGET BUREAU NO, 68-R897	O. 68-RA97

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

L AREA R-29, Baker, Ekalaka	ka	2. STATE	ATE Montana			3. FISCA	3. FISCAL YEAR	1961
CATEGORY	CIVI POPUI (In tho	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Curent)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6x Col. 8	GEN. Col. 9 + 10 LTC. Col. 9 + 10	ADJUSTMENT (Explain in Area Narative)	ADJUSTE?
	CURRENT	PROJECTED				06.		
4	S	9	7	80	6	10	11	12
SENERAL HOSPITALS	6.a	6.3	7.754	1,212	21	36		
ONG-TERM CARE FACILITIES	09.0	0.60 1 0.60 1/	(4,083)	13,056	12 21	33		

This area is comprised of Carter and Fallon Counties and is relatively plains country with a rolby a north-south highway from Baker to Ekalaka which terminates at Ekalaka, and has no public transportalingterrain. Fallon County is served by good highways and has bus service while Carter County is served tion. Industry in the area is agriculture, livestock raising and oil production.

operation on March 1, 1966. A 16-bed hospital at Ekalaka serves Carter County. This facility is currently being modernized in conjunction with the construction of a 21-bed nursing home addition which will replace The area is served by the Fallon County Memorial Hospital at Baker which has 19 beds which were modernized along with the construction of a 24 bed nursing home addition. This was placed into 12 non-conforming beds and add 9 beds.

No additional construction, or modernization, is programmed for this area.

- 1/ Population age 65 and over.
- 2/ Use rate of 13,056 is the average of sixteen (16) service areas having reasonable experience.

AREA NARRATIVE

1. AREA	2. T	2. TOTAL CIVILIAN POPULATION	VILIAN	POPUL	ATION		3. CIVILI	AN POPU	CIVILIAN POPULATION AGE 65		AND OVER:	4. STATE	2/2/4	0.1500000000000000000000000000000000000	TO STANKE STANKE	1
20 00 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CURRENT	ENT		Ь	PROJECTED	ED	CUR	CURRENT	-	PROJECTED	CTED	-\	¥.	Montana	æ	
odker,	6,400	0			6,300		009	0		009	0	5. FISCAL	1 VEAR	1967	57	
LOCATION		NO.	OF	FACILITIES	ES		NO. OF B	OF BEDS EXISTING	STING		NO. OF BE	BEDS PROC	PROGRAMED	% NEED	D MET	H ,
					a:		NONC	NONCONFORMING					٥			17.35
SATEGORY	NAME OF COUNTY	JAT DNIT21	1A1 0303	DED 8E	DEBNIZE BE	TAL	FEDERAL	ALARDS	, TE	1FORM-	TAL	9E	DEBNIZEI BE	-DURTRI	TION TION	** >- (1 '1 ** N1 '30 ** ** /*.
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ANTHORNAL THE TRANSPORT AND STREET AND STREE	7 A TANASHAR TO STANDARD TO ST	8	6	0	11	12	13	14	15	16	17	18	19	20	21	33
GENERAL HOSPITALS																
Baker Ekalaka C	Fallon Carter	6 — 6 —	terre terre	cc	00	5 4	00	00	1 1	6 4	20	-0	c 0			
TOTAL		2	2	С	0	35	0	0	ı	35	36	_	C	97	Ju0	0
LONG TERM CARE NURSING HOMES																
Baker Ekalaka	Fallon Carter			CC	00	24	00	0 0	1 1	24	19	00	00			
TOTAL		2	2	0	0	45	0	c	ı	45	33	0	0	136	136	12
DIAGNOSTIC OR TREATMENT CENTERS																pfq
Baker Ekalaka C	Fallon Carter			cc	00											
TOTAL		2	2	0	0									100	100	
7. 8.67			~	REA	SUMMA	AREA SUMMARY AND PROGRAM	ROGRAM	American construction of the construction of t	The strategy of the strategy o		FOF	FORM APPROVED: BUDGET BUREAU NO. 68-18857	VED:	69-14857	e de como como como como como como como com	

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE WASHINGTON, D.C. 20201 4. PERIOD COVERED BY II
NAME OF COTTY TOOR
80
Ekalaka Baker
Ekalaka Baker
INVENTORY

DETERMINATION OF AREA BED NEED AND AREA NARRATIVE

I-7, Miles City, Terry	Terry	2. STATE	PRODUCTION OF THE PROPERTY OF	Montana		3. FISCA	3. FISCAL YEAR 1967	57
CATEGORY	CIVI POPUL (In thou	CIVILIAN POPULATION (In thousands)	PATIENT DAYS (Current)	USE RATE Col. 7 Col. 5	PROJECTED ADC Col. 6xCol. 8	GEN. Col. 9 LTC. Col. 9	ADJUSTMENT (Explain in Area Narrotine)	A DJUST - SED NET
	CURRENT	PROJECTED				06.		1
4	ır.	9	7	8	6	10		12
STRERAL HOSPITALS	15.9	15.2	29,337	1,845	77	106		
. ONG-TERM CARE FACILITIES $1.86\ ^{1}$ $1.86\ ^{1}$	$1.86 \frac{1}{2}$		41,924	22,540	115	138		
AREA MARRATIVE							Anton Bordelon william professional management and analysis of the contract of	

This is for the greater part area Industry is largely agriculture, with relatively good transportation by highway, railroad and air. livestock raising and marketing, oil production and trucking. The area is served by a 135 bed hospital at Miles City which is programmed for modernization, and a 12 bed hospital at Terry which is programmed for replacement. A veteran's Administration Hospital with its usual limitations, is located at Miles City.

In the long-term care category, 61 beds in the Holy Rosary Nursing Home at Miles City are programmed for modernization and 20 beds are to be provided at Terry.

1/ Population age 65 and over.

Foun Approved 3nd y Car a No.

1. AREA		'n	TOTAL CI	CIVILIAN POPULATION	OPUL	ATION		3. CIVILIA	CIVILIAN POPULATION		AGE 65 AND	AND OVER:	4. STATE		Contract No.	CONTRACTOR CO		
I-7, Miles City, Terry	y, Terry	CURRENT	INS		Q.	PROJECTED	TED	CUR	CURRENT		PROJECTED	CTED		ž	Montana	ro ·	1	
		15,900)		15	15,200		Pom.	,858		1,5	,858	S. FISCA	FISCAL YEAR	10	29 6		
	LOCATION		NO.	OF FA	FACILITIES	ES		NO. OF BE	BEDS EXISTING	TING	The Party of the P	NO. OF BEL	BEDS PROGRAMED	RAMED	% NEED	O MET		
CATEGORY		NAME OF COUNTY	אר. אר	DED	ED 3E	EBNIZED BE	Y TING	NONCONFOR FEDERAL STANDARDS	NONCONFORKING FEDERAL		-MRO:	030	03	EBNIZED	->ust	•ия:	SEEDKERN SEEN NIS SEENSTE	
			TOT	TOT	a o T a a A	OT OOM	TOT	A-B-C	Q	AT2	ING CONI	тот, иееі	a or adda	e or	CONS	TASI		
S = 10° and a control of the sector of the s	74.7	7	8	6	0	=	12	13	14	15	16	17	18	19	50	21	35	
GENERAL HOSPITALS							. ,											
Miles City Terry	· ·	Custer Prairie			СС	h	135	135	00	9 \$	o c	12	00	94				
TOTAL	7		0	2	0	2	701	147	0	2	С	106	Ċ	901	С	0	41	
LONG TERM CARE NURSING HOMES									,									
Miles City Terry	•	Custer Prairie	∾c	25	0-	-c	137	61	CO	1 1	76	118 20	0-	19				
TOTAL	4l.		2	3		-	137	61	С	1	92	138	-	61	55	55	C	
MENTAL FACILITIES	Ref	Refer to 1966-1967	1967	Montana	ana	Sta	e Plan	for Com	Community	Men	tal Health	Cen	ters	constructi		on.		
Miles City		Custer	С	-	-	С	0	C	Û	1	С	1 1 1	1	0	0	0		
TOTAL	1	TANKA TERMINANTAN	C	-	-	С	С	С	0		С	do es to	8		(con	0 :inued)	<i>ب</i>)	
(V. 2-67			. \$	< (REAS	SUMMA	AREA SUMMARY AND PROGRAM	ROGRAM				FOR	FORM APPROVEDS	NO.	68-1807		/ 1	

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. AREA I-7, Miles City, Terry
15,900
NO. OF FACILITIES
NAME OF COUNTY TAL STING
7 8 9
Custer 0 1
С
Custer 1 1
2 2
THE STREET STREET, STR

OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	
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DEPARTME!	ENT OF HEALTH, EDU PUBLIC HEALTH WASHINGTON, D	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201				1, STATE		Montana	P			2. FISCAL YEAR
AREA I-7, Miles City,	Terry	4. PERIOD COVERED BY INVEN	INVENT	VTORY 1 1, 1965 -	December	59	31, 1965	5		5. Page	Jo	pages
IDEN	IDENTIFICATION			NUMBER	OF BEDS,		EXISTING AND UNDER	UNDER	CONSTRUCTION	ICTION	ST,	STATISTICS
		և 2 2			BY	NON	NONCONFORMING BY FEDERAL STANDARDS	ING				
ATEGORY NAME OF FACILITY	NAME OF COUNTY	CITY CITY OR TOWN	СОИТВОС	TOTAL	∢	æ	U	۵	BY STATE BY SEACH STATE (InnoildO)	CONFORMING	ADMISSIONS OR DISCHARGES (Excluding New-Born)	PATIENT DAYS
9	7	80	6	10	11	12	13	14	15	16	17	18
GENERAL Holy Rosary Hospital Prairie Community	Custer Prairie	Miles City Terry	NPA NPA	135 12	0	135	00	.00	1 0	CO	3,933	24,223
AREA TOTAL				147	12	135	0	0	ı	0	4,379	29,337
LONG TERM CARE NURSING HOMES Custer Co. Rest Home Holy Rosary Nurs, Home	Custer	Miles City Miles City	Co. NPA	76	0	cc	cc	co		76	45 28	24,968 16,956
AREA TOTAL				137	19	С	C	0		76	73	41,924
THE CASE OF THE CA												
/03-2 HEW Les		VGCTNAVNI	ξ.	OF INDATIONT	TEACH	17170	And the same and t	Macratic States of the Control of th	Commence of the Commence of th	FORM APPROVED	PROVED:	

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INVENTORY OF INPATIENT FACILITIES

CHAPTER V

INVENTORY AND PROGRAM PUBLIC HEALTH CENTERS, PHS 708-5

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1, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201 DEPARTMENT OF

Pages PROGRAMED FACILITIES AUXIL ñ 1965 Jo Σ Σ < Ø Z () T. O. 7 3 NONCONFORMING NONCONFORMING Page. AUXIL. January 1, 1965 - December <u>m</u> P.H.C Montana PERIOD COVERED BY INVENTORY 12 EXISTING FACILITIES AUXIL. 1967 = FEDERAL P.H.C × 0 × × FISCAL YEAR AUXIL. are not programmed at this time pending further study. STATE CONFORMING თ P.H.C. >< × >< ω Missoula City-County Health City-County Health Depart-City-County Health Depart-Yellowstone County Health Silver Bow County Health NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) Great Falls City-County Big Horn County Health Flathead County Health Health Department Department Department Department Department Department ment CIVILIAN
POPULATION OF
POLITICAL
SUBDIVISION 78,900 27,100 80,200 10,000 29,100 46,200 34,200 47,200 Other facilities HEALTH, Lewis and Clark County - New Construction POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE Yellowstone County - Modernization Silver Bow County Missoula County Gallatin County Flathead County Big Horn County Cascade County Great Falls Missoula Billings Bozeman Helena Hardin ß NOTE: Butte V 孟 سالية

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NVENTORY AND PROGRAM—PUBLIC HEALTH CENTERS

BUDGET BUREAU NO. 68-R897

FORM APPROVED:

PHS-706-5 7-65



CHAPTER VI

STATE SUMMARY

AND

AREA PRIORITY LISTS

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE FURE FURELY MENTER SILVER SPRING MARYLAND 2 9910

2. FISCAL YEAR

1. STATE

STATE SUMMARY AND PROGRAM

		4	NOW I	MAKI	STATE SUMMART AND PROGRAM	¥			1. STATE	A ⊤ R	Montana	เทล	E	2. FISCAL YEAR	1967	
3. CIVILIAN POPULATION A. TOTAL: CURREN	PULAT	CURRENT	969	000,969	PROJECTED		753,000	.83	65 AN	O OLDER:	65 AND OLDER: CURRENT	67,000		PROJECTED	ED 67,000	Company and the second of the
	NOME	NUMBER OF	FACILITIES	TIES					NUMBER	OFB	EDS				STATISTI	TICS
	~.	a:	d	* 1			NONCO	NONCONFORMING	UZ							
CATEGORY	TSI	AT0	130	38 (483)	TOTAL	BY FE	FEDERAL ST	STANDARDS			EXISTING	TOTAL	TO BE	TO BE	ADMISSIONS OR	
	Ε×	NEI	ΩA	OT GOM 1\AO		∢ .	ω	υ	۵	STAND- ARDS	2 0 0 Z	N E E O	ADDED	OR REPL.	DISCHARGES	i.
4	ເດ	9	7	8	Ø	10	=	12	13	14	15	16	17	18	19	A CONTRACTOR OF THE CONTRACTOR
GENERAL HOSPITALS	9	65	-	46	3,379	392	1,478	150	34		1,325	3,311	206	1,780	127,131	793.270
LONG-TERM CARE FACILITIES (TOTAL)	72	7۵	9	20	2,776	420	136	13	0		2,207	3,025	654	476	2,755	60ª,955
HOSPITALS	0	6	ı	ı	0	8	ı	6	ı	•	0	0		6	6	174 and 175 an
LONG-TERM UNITS OF HOSPITALS	29	32	3	12	762	270	85	0	0	6	406	1,036	302	358	419	154,435
NURSING HOMES	43	41	က	8	2,014	150	51	13	0	1	1,801	1,989	352	118	2,336	446,524
MENTAL FACILITIES (TOTAL)	S	വ	0	-	1,679	225	712	406	0	0	336	1,760	227	1,343	3,152	619,409
HOSPITALS	_	_	0	_	1,479	225	712	406	0	1	136	1,706	227	1,343	2,200	560,275
PSYCHIATRIC UNITS OF HOSPITALS	4	4	0	0	200	0	С	С	0	•	200	54	0	0	. 256	59,134
TUBERCULOSIS HOSPITALS		_	С	0	245	0	С	С	C	,	245	186	0	0	328	54.36
REMABILITATION FACILITIES	က	œ	က	_	(14)*	0	0	C	0	1	(14)*	6 6	!		2,296	
DIAGNOSTIC OR TREATMENT CENTERS	65	99	-	43												
PUBLIC PRIMARY -HEALTH	9	α	~	60												
CENTERS AUXILIARY	1		1	;												
PHS-708-8 REV. 2-67	*	vaila	ib le t	out n	Available but not being utilized	tilized	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		4			Action to the second designation of the seco			Form Approved Budger Bareau	

1, STATE Montana 2. FISCAL YEAR

1967

GENERAL HOSPITALS			Page of 2 pages		
	AREA	PERCENT OF NEED MET	PRIORITY	NUMBER OF BEDS TO BE ADDED	NUMBER OF FACILITIES TO BE ADDED
	5	6	7	8	9
R-1,	Libby	0	Α	0	0
R-2,	Flathead County	0	А	26	0
R-3,	Hot Springs	0	А	7	0
R-5,	Hamilton	0	Α	8	0
I-1,	Missoula, Intermediate	0	А	0	0
R-6,	Glacier County	0	Α	10	0
R-7,	Toole County	0	А	0	n
R-9,	Pondera County	0	А	11	0
R-10,	Choteau	0	Α	0	0
R-12,	Bozeman	0	А	0	0
R-13,	Lewistown	. 0	Α	0	0
R-14,	Harlowton	0	Α	3	0
R-16,	Livingston	0	A	0	0
R-17,	Columbus	0	Α	18	0
R-24,	Jordan	n	Α	0	0
R-25,	Sidney	n	Α	0	0
R-27,	Forsyth	0	A	Δ	0
R-28,	Broadus	0	A	16	1
I-7,	Miles City, Terry	0	Α	0	0
I-6,	Billings, Intermediate	22	А	69	n
R-4,	Lake County	26	В	0	0
R-11,	Dillon	31	В	9	0
I-3,	Havre, Intermediate	40	В	0	0
I-4,	Helena, Intermediate	47	В	0	n

Montana

2. FISCAL YEAR
1967

GENERAL HOSPITALS			4. Page 2 of 2 pages.		
	AREA	PERCENT OF NEED MET	PRIORITY	NUMBER OF BEDS TO BE ADDED	HUMBER OF FACILITIES TO BE ADDE
	5	6	7	8	9
R-20,	Glasgow	64	С	0	0
R-21,	Scobey	67	С	1	0
R-26,	Glendive	75	С	0	0
R-23,	Roosevelt County	76	D	0	0
I-2,	Great Falls, Intermediate	82	D	0	0
R-19,	Hardin	82	D	a	0
R-18,	Red Lodge	90	D	3	0
I-5,	Butte, Intermediate	92	D	12	0
R-15,	Roundup	94	D	1	0
R-22,	Plentywood	94	D	2	0
R-8,	Phillips County	97	D	1	0
	Baker, Ekalaka	97	D	1	0
R-29,	baker, Lkaiaka				
					-

Montana

2. FISCAL YEAR
1967

GENERAL HOSPITALS			Page of	Page 1 of ? pages		
	AREA	PERCENT OF NEED MET	PRIORITY	NUMBER OF BEDS TO BE MODERNIZED	NUMBER OF FACILITIES TO BE MODERNIZED	
	5	6	7	8	9	
R-1, .	Libby	0	А	30	1	
R-2,	Flathead County	0	А	102	3	
R-3,	Hot Springs	0	А	18	1	
R-5,	Hamilton	0	А	32	1	
I-1,	Missoula, Intermediate	0	А	321	4	
R-6,	Glacier County	0	А	44	1	
R-7,	Toole County	0	А	26	1	
R-9,	Pondera County	n	А	36	1	
R-10,	Choteau	0	A	21	1	
R-12,	Bozeman	n	A	93	1	
R-13,	Lewistown	0	А	54	1	
R-14,	Harlowton	0	A	19	1	
R-16,	Livingston	0	А	58	2	
R-17,	Columbus	0	А	11	1	
R-24,	Jordan	0	А	19	1	
R-25,	Sidney	n	А	53	1	
R-27,	Forsyth	0	А	20	1	
R-28,	Broadus	n	А	0	0	
I-7,	Miles City, Terry	0	А	106	2	
R-4,	Lake County	26	В	56	2	
I-6,	Billings, Intermediate	26	В	290	2	
R-11,	Dillon	38	В	26	2	
I-3,	Havre, Intermediate	40	В	87	3	
I-4,	Helena, Intermediate	47	В	103	4	
					1	

1. STATE Montana

2. FISCAL YEAR

1967

3. CATEGORY

GENERAL HOSPITALS

Page 2 of 2 pages

	GENERAL HOSPITALS		NUMBER OF BEDS	Pages NUMBER O	
	AREA	PERCENT OF NEED MET	PRIORITY	TO BE MODERNIZED	FACILITIES BE MODERNIZ
	5	6	7	8	9
R-20,	Glasgow	64	С	17	1
R-21,	Scobey	70	С	6	1
R-26,	Glendive	75	С	17	1
R-23,	Roosevelt County	76	D	22	1
I-2,	Great Falls, Intermediate	82	D	72	1
I-5,	Butte, Intermediate	95	D	21	3
R-8,	Phillips County	100	Ε	0	n
R-15,	Roundup	100	E	0	n
R-18,	Red Lodge	100	E	0	0
R-19,	Hardin	100	E	0	Ú
R-22,	Plentywood	100	E	0	0
R-29,	Baker, Ekalaka	100	E	0	0
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3. CATEGORY

1. STATE Montana 2. FISCAL YEAR 1967

LONG-TERM CARE FACILITIES			Page_ 1_ of_ 2 pages		
AREA	PERCENT OF NEED MET	PRIORITY	NUMBER OF BEDS TO BE ADDED	NUMBER OF FACILITIES TO BE ADDED	
5	6	7	8	9	
Libby	0	А	55	0	
Harlowton	0	А	18	n	
Columbus	0	А	5	n	
Hardin	0	Α	29	n	
Glasgow	0	А	69	1	
Jordan	0	А	19	1	
Glendive	0	А	31	0	
Forsyth	0	А	13	0	
Broadus	0	А	20	1	
Lake County	28	В	39	0	
Butte, Intermediate	33	В	110	1	
Livingston	35	В	41	0	
Roundup	39	В	25	0	
Red Lodge	42	В	33	0	
Glacier County	л5	В	15	0	
Intermediate	52	С	38	1	
Miles City, Terry	55	С	1	1	
Flathead County	59	С	7	0	
Plentywood	64	С	15	0	
Choteau	69	С	13	0	
Scobey	70	С	8	0	
Roosevelt County	70	С	19	0	
Toole County	77	D	10	0	
Phillips County	82	D	7	0	
	LONG-TERM CARE FA	LONG-TERM CARE FACILITIES AREA PERCENT OF NEED MET 5 6 Libby Harlowton Columbus Hardin Glasgow Jordan Glendive Forsyth Broadus Lake County Butte, Intermediate Livingston Roundup Red Lodge Glacier County Intermediate Miles City, Terry Flathead County Plentywood Choteau Scobey Roosevelt County Toole County Toole County Percent of PERCENT OF NEED MET PERCENT OF NEED MET PERCENT OF NEED MET AS AS Harlowton O A AD A Butte, Intermediate A3 Livingston A5 Roundup A5 Flathead County Flathead County Flathead County Floole County Toole County Toole County Toole Tourty Tourt Tour	LONG-TERM CARE FACILITIES AREA PERCENT OF NEED MET 6 7 Libby Harlowton Columbus Hardin Glasgow Jordan Glendive Forsyth Broadus Lake County Butte, Intermediate Livingston Roundup Red Lodge Glacier County Intermediate Miles City, Terry Flathead County PERCENT OF PRIORITY PRIORITY PRIORITY PRIORITY PRIORITY PRIORITY PRIORITY PRIORITY A A A A B A A B C C C Choteau Scobey Roosevelt County Toole County Toole County Percent of priority A B A A A B C T C T T D A A A A B C T T C T T D C T T D C T T D C T T D C T T D C T T D C T T D C T T D C T T T D C T T T D C T T D C T T D C T T D C T T D C T T D C T T D C T T D C T T T D C T T D C T T D T T D T T D T T D T T	Name	

Montana
2. FISCAL YEAR
1967

3. CATEGORY

LONG-TERM CARE FACILITIES

LONG-TERM CARE FACILITIES			Page 2 ot_	? pages	
	AREA	PERCENT OF NEED MET	PRIORITY	NUMBER OF BEDS TO BE ADDED	NUMBER OF FACILITIES TO BE ADDED
	5	6	7	8	9
R-25,	Sidney	85	О	7	0
R-13,	Lewistown	89	ם	Õ	0
R-12,	Bozeman	94	D	0	0
I-1,	Missoula, Intermediate	95	D	0	0
I-3,	Havre, Intermediate	110	Ε	0	0
R-3,	Hot Springs	115	Ε	0	0
I-6,	Billings, Intermediate	115	Ε	0	0
R-9,	Pondera County	127	E	0	0
R-29,	Baker, Ekalaka	136	E	0	0
I-2,	Great Falls, Intermediate	147	E	0	0
R-5,	Hamilton	218	Ε	0	0
R-11,	Dillon	220	Ε	0	0
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Montana

2. FISCAL YEAR
1967

3. CATEGORY

LONG-TERM CARE FACILITIES

Page 1 of 2 pages

LUNG-TERM CARL TAGTETTES		Pageot	- pages		
	AREA	PERCENT OF NEED MET	PRIORITY	NUMBER OF BEDS TO BE MODERNIZED	NUMBER OF FACILITIES TO BE MODERNIZED
	5	6	7	8	9
R-1,	Libby	0	Α	10	1
R-14,	Harlowton	0	Α	12	1
R-17,	Columbus	0	А	38	1
R-19,	Hardin	0	А	10	1
R-20,	Glasgow	0	Α	0	0
R-24,	Jordan	0	А	0	0
R-26,	Glendive	0	А	37	1
R-27,	Forsyth	0	А	25	1
R-28,	Broadus	0	А	0	0
I-5,	Butte, Intermediate	50	В	118	3
I-7.	Miles City, Terry	55	С	61	1
R-4,	Lake County	55	С	19	7
R-2,	Flathead County	62	С	54	1
R-6,	Glacier County	65	С	12	1
I-4,	Helena, Intermediate	68	С	39	2
R-16,	Livingston	68	С	15	1
R-13,	Lewistown	89	D	5	1
R-23,	Roosevelt County	91	D	6	1
R-12,	Bozeman	94	ם	6	0
I-1,	Missoula. Intermediate	95	D	9	1
R-7,	Toole County	100	E	0	0
R-8,	Phillips County	100	E	0	0
R-10,	Choteau	100	E	0	0
R-15,	Roundup	100	E	0	0

1. STATE Montana 2. FISCAL YEAR 1967

LONG-TERM CARE FACILITIES			Page ? of	? pages	
	AREA	PERCENT OF NEED MET	PRIORITY	NUMBER OF BEDS TO BE MODERNIZED	NUMBER OF FACILITIES T BE MODERNIZ
	5	6	7	8	9
R-18,	Red Lodge	100	E	0	0
R-21,	Scobey	100	Ε	0	n
R-22,	Plentywood	100	E	0	0
R-25,	Sidney	100	Ε	′ 0	0
I-3,	Havre, Intermediate	110	Ε	0	n
R-3,	Hot Springs	115	E	0	0
I-6,	Billings, Intermediate	115	E	0	0
R-9,	Pondera County	127	E	n	. 0
R-29,	Baker, Ekalaka	136	E	ŋ	0
I-2,	Great Falls, Intermediate	147	E	0	0
R-5,	Hamilton	218	E	0	0
R-11,	Dillon	220	E	n	0

1. STATE Montana

2. FISCAL YEAR 1967

3. CATEGORY DIACNOSTIC OR TREATMENT CENTERS

Page 1 of 2 pages

DIAGNOSTIC OR TREATMENT CENTERS			Page_1_of?_page:		
	AREA	PERCENT OF NEED MET	PRIORITY	NUMBER OF BEDS TO BE ADDED	NUMBER OF FACILITIES TO BE ADDED
	5	6	7	8	9
R-1,	Libby	0	A		0
R-2,	Flathead County	0	Α		0
R-3,	Hot Springs	0	А		n
R-5,	Hamilton	0	А		0
I-1,	Missoula, Intermediate	n	Α		0
R-6,	Glacier County	0	А		0
R-7,	Toole County	0	А		0
R-9,	Pondera County	0	A		0
R-10,	Choteau	0	A		0
R-12,	Bozeman	0	A		0
I-5,	Butte, Intermediate	0	A		0
R-13,	Lewistown	0	Α		0
R-14,	Harlowton	0	Α		0
R-16,	Livingston	0	А		0
R-17,	Columbus	0	A		0
R-20,	Glasgow	0	А		0
R-24,	Jordan	0	А		0
R-25,	Sidney	0	A		0
R-27,	Forsyth	0	А	•	0
R-28,	Broadus	0	А		1
I-7,	Miles City, Terry	0	А	" =	0
I-4,	Helena, Intermediate	20	А		0
I-3,	Havre, Intermediate	25	А		0
R-11,	Dillon	31	В		0

1. STATE Montana

2. FISCAL YEAR

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3. CATEGORY

DIAGNOSTIC OR TREATMENT CENTERS

Page 2 of 2 pages

	DIAGNOSTIC OR TREATM	PERCENT OF	DDIODITY	NUMBER OF BEDS	NUMBER OF
	AREA 5	NEED MET	PRIORITY 7	TO BE ADDED	FACILITIES TO BE ADDE
				0	0
R-4,	Lake County	33	В		
R-26,	Glendive	50	В		0
R-23,	Roosevelt County	70	С		0
I-2,	Great Falls, Intermediate	75	С		n
R-8,	Phillips County	100	E		0
R-15,	Roundup	100	E		0
R-18,	Red Lodge	100	Ε		0
R-19,	Hardin	100	E		0
I-6,	Billings, Intermediate	100	E		0
R-21,	Scobey	100	E		0
R-22,	Plentywood	100	E		0
	Baker, Ekalaka	100	E		0
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2. FISCAL YEAR

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3. CATEGORY

DIAGNOSTIC OR TREATMENT CENTERS

Page 1 of 2 pages

	AREA	PERCENT OF NEED MET	PRIORITY	NUMBER OF BEDS TO BE MODERNIZED	NUMBER OF FACILITIES TO BE MODERNIZED
	.5	6	7	8	9
R-1,	Libby	n	А		1
R-2,	Flathead County	0	Α		3
R-3,	Hot Springs	0	А		1
R-5,	Hamilton	0	Α		1
I-1,	Missoula, Intermediate	0	А		а
R-6,	Glacier County	0	А		1
R-7,	Toole County	0	А		1
R-9,	Pondera County	0	А		1
R-10,	Choteau	0	А		1
R-12,	Bozeman	0	А		1
R-13,	Lewistown	0	А		1
R-14,	Harlowton	- 0	А		1
R-16,	Livingston	0	А		2
R-17,	Columbus	0	A		1
R-20,	Glasgow	0	A		1
R-24,	Jordan	0	Α		1
R-25,	Sidney	0	Α		1
R-27,	Forsyth	0	А		1
R-28,	Broadus	0	Α		n
I-7,	Miles City, Terry	0	А		2
I-4,	Helena, Intermediate	20	А		4
I-3,	Havre, Intermediate	25	А		3
R-4,	Lake County	33	В		2
R-11,	Dillon	33	В		2

1. STATE Montana

2. FISCAL YEAR

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3. CATEGORY

DIAGNOSTIC OR TREATMENT CENTERS

Page of pages

AREA		PERCENT OF	PRIORITY	NUMBER OF BEDS	NUMBER O FACILITIES
	5	NEED MET	7	TO BE MODERNIZED	BE MODERNIZZ
I-5,	Butte, Intermediate	40	В		3
R-26,	Glendive	50	В		1
R-23,	Roosevelt County	67	С		1
I-2,	Great Falls, Intermediate	75	c		1
R-8,	Phillips County	100	E		Ú
R-15,	Roundup	100	E		0
R-18,	Red Lodge	100	E		0
R-19,	Hardin	100	E		9
I-6,	Billings, Intermediate	100	E		0
R-21,	Scobey	100	E		0
R-22,	Plentywood	100	E		0
R-29,	Baker, Ekalaka	100	E		0
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CHAPTER VII

INVENTORY OF OUTPATIENT FACILITIES

- (1) DIAGNOSTIC OR TREATMENT CENTERS, PHS 708-3
- (2) REHABILITATION FACITITIES, PHS 708-4



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	HEALTH, EDUCA PUBLIC HE WASHINGT	HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201	ı Y			3. PEF	Januar	ry 1, 19	10	> 10	Decembe	nber	31,	1965	4	Page	D :0	pages
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ス 円 A	NAME OF FACILITY	COUNTY	CITY OR TOWN	20ATNO2	VISITS DURI	GENERAL	ZANCER 1	OEN TA	MENTAL	3103 004 TRO). B. T	RAMTO	144.4	CLIVICAL LABORATORY	1 AT 1920	CONFORMIN	105	31 4 18
22	9	7	ω	6	10	=	12	13	14	5	9-	17 1	60	61	20		22	23
R-1	St. John's Lutheran	Lincoln	Libby	NPA	4,220	×							×	×			×	
R-2 R-2	Whitefish Memorial Kalispell General Flathead County	Flathead Flathead Flathead	Whitefish Kalispell Kalispell	NPA NPA Co.	1,255	×××							×××	×××			×××	
R-3	Sanders County General	Sanders	Hot Springs	NPA	1,971	× .							×	×			×	
R-4 R-4	St. Joseph's Hospital St. Luke Holy Family	Lake Lake Lake	Polson Ronan St. Ignatius	NPA NPA NPA	1,629 728 1,947	×××	मे						×××	×××			×××	
R-5	Marcus Daly Hospital	Ravalli	Hamilton	NPA	1,088	×							×	×	Marie Ma		×	
1 1 1 1	Mineral Hospital Community Hospital NPBA Hospital St. Patrick's Hospital	Mineral Missoula Missoula Missoula	Superior Missoula Missoula Missoula	Prop NPA NPA NPA	775 3,234 13,349 13,242	××××	× ×			××		×××	××××	××××	××		××××	
R-6	Glacier County Memorial	Glacier	Cut Bank	NPA	1,154	×							×	×			×	
R-7	Toole County Hospital	Toole	Shelby	NPA	1,344	×					· <u>·</u>		×	×			×	
R-8	Malta Hospital	Phillips	Malta	NPA	373-	×							×	×			\times	
R-9	St. Mary's Hospital	Pondera	Conrad	NPA	2,507	×				-,-			×	×			×	
R-10	Teton Memorial	Teton	Choteau	NPA	552	×							×	×			×	
PHS-708-3	.3		INVENTORY OF DIAGNOSTIC	STIC OR	R TREATMENT	TMEN		CENTERS	SS					FORN	FORM APPI BUDGET B	PROYED: BUREAU	6	48-237

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A R E A	NAME OF FACILITY	COUNTY	CITY OR TOWN	JOATNO	JO STISI	ENERAL	ANCER	£V.3	LOIENE VENTAL	2)OZ GONTA) B .	A3HT	100.	ABORATORY ABORATORY	JATIAC.	ONFORMING ONIMAO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 00 02 02 02 03 04 04 04 04 04 04 04 04 04 04 04 04 04
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1-2 1-2 1-2 1-2	Cascade Co. Conv. Hosp. Montana Deaconess Columbus Hospital St. Clare Hospital	Cascade Cascade Cascade Choteau	Great Falls Great Falls Great Falls Fort Benton	Co NPA NPA	5;753 6,792 12,705 1,337	××××	×	×				× ×	××××	××××	××	× ××		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Community Health Facility Liberty County Hospital Kennedy Deaconess Hosp. Sacred Heart Hospital	Choteau Liberty Hill	Big Sandy Chester Havre Havre	NPA NPA NPA	2,380 9,812 2,889 3,468	××××						×××	××××	××××		×	×××	
	Barrett Hospital Ruby Valley Hospital Madison Valley Hospital	Beaverhead Madison Madison	Dillon Sheridan Ennis	NPA NPA NPA	1,233	×××				· · · · · · · · · · · · · · · · · · ·			×××	××		×	× ×	
R-12	Bozeman Deaconess	Gallatin	Bozeman	NPA	2,052	×						×	×				×	
1-4 1-4 1-4 1-4	Broadwater Hospital Mountainview Hospital St. John's Hospital St. Peter's Hospital Shodair Hospital	Broadwater Meagher Lew. & Cl. Lew. & Cl. Lew. & Cl.	Townsend White Sul. Sp. Helena Helena	Prop NPA NPA NPA	* 4,343 5,924 442	××××	××	× ×		×	×		××××	×××××	×	×	××× ×	
1-5 1-5 1-5 11-5	Granite County Hospital Granite Powell Co. Memorial Hosp. Powell St. James Community Nósp. Silver Bow Silver Bow General Hosp. Silver Bow St. Ann's Hospital	Granite Powell Silver Bow Silver Bow Deer Lodge	Philipsburg Deer Lodge Butte Butte Anaconda	NPA NPA CO.	828 NA 20,395 74,360	××××	×	×				×××	××××	××××	×××	× ×	× × ×	
	* Services in Doctor's C	Clinic																

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li.	ı.		_	CITY OR TOWN	8	Lewistown	Harlowton	Roundup	Livingston Big Timber	Columbus	Red Lodge	Hardin	Billings Billings	Glasgow	Scobey	Plentywood	Wolf Point Poplar	Culbertson		INVENTORY OF DIAGNO
TMENT OF MENT	HEALTH, EDUCATION, AND WELLTAND PUBLIC HEALTH SERVICE WASHINGTON, D.C. 20201		_	COUNTY	7	Fergus	Wheatland	Musselshell	Park Sweet Grs.	Stillwater	Carbon	Big Horn	Yellowstone Yellowstone	Valley	Daniels	Sheridan	Roosevelt Roosevelt	Roosevelt		Ź
2 d d d d d d d d d d d d d d d d d d d	HEALTH, EDUCA PUBLIC HE WASHINGT			NAME OF FACILITY	9	St. Joseph Hospital	Wheatland Memorial	Roundup Memorial Hosp.	Livingston Mem. Hosp. Sweet Grass Community	Stillwater Memorial Hosp.	Carbon County Mem. Hosp.	Big Horn Comm. Hospital	Billings Deaconess Hosp. St. Vincent Hospital	Frances Mahon Deaconess	Daniels Memorial Hosp.	Sheridan Memorial Hosp.	Trinity Hospital Poplar Community Hosp.	Roosevelt Memorial Hosp.		
				AREA	N	R-13	R-14	R-15	R-16 R-16	-17	8-13 7-	R-19	9-I	R-20	R-21	R-22	R-23 R-23	R-23	<u> </u>	PHS-708-3

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NAME OF FACILITY		COUNTY	CITY OR TOWN	10A1	TS DURY PARA	EAAL	43.	74.	34.	SIGE	1		14014	141	WINN	00
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Garfield County Hosp. Gar	Gar	Garfield	Jordan	NPA	191	×					×	×			×	
R-25 Community Memorial Hosp. Ric	Ric	Richland	Sidney	NPA	1,620	×					×	× 			×	
R-26 Glendive Community Hosp. Dawson R-26 McCone County Hospital McCone	Daws	one	Glendive Circle	NPA NPA	2,017	××					××	××		×	×	
Rosebud Community Hosp. Rosebud	Rose	pnq	Forsyth	NPA	1,555		-				×	×			×	
Fallon County Hospital Fallon Dahl Memorial Hospital Carter	Fall	no	Baker Ekalaka	NPA NPA	1,933	××		-			××	××		××	Table of the state	
Prairie Community Hosp. Prairie Holy Rosary Hospital Custer	Prair Custe	r e	Terry Miles City	NPA NPA	173	××				-	×× ×	××	······································	ŕ	××	The state of the s
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ATTACHMENT TO PHS-708-3 INVENTORY

Other Services. Where indicated in Column 17, the Special Services include one or more of the following:

- 1. Physical Therapy
- 2. Occupational Therapy
- 3. Tumor
- 4. Cardiac
- 5. Prenatal
- 6. Postnatal
- 7. Venereal Disease
- 8. Pharmacy
- 9. Occupational Therapy
- 10. EKG
- 11. BMR
- 12. EENT
- 13. Deep Therapy
- 14. Diabetic
- 15. Shock Therapy

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CHAPTER VIII

SUMMARY OF CONSTRUCTION PROGRAM



SUMMARY OF CONSTRUCTION PROGRAM

Under the provisions of Title VI of the Public Health Service Act enacted in 1946, Federal funds have been allocated annually to the States and made available to local public and nonprofit sponsors on a national basis for survey of existing hospitals and for construction of hospitals and public health centers. Part C of the Act pertained to the construction of hospitals and related facilities.

The law required that a single state agency be designated to administer the program and that a state advisory council be appointed.

Prior to receiving Federal funds for construction, each state must develop a State Plan for construction based on standards and definitions set forth in the Act and the Public Health Service Regulations, and on specific needs within the State as determined by surveys of existing facilities. It is required that this Plan be revised each year to reflect changing conditions, refinements in planning, and to include all new construction of hospital facilities. This part of the previous Plans under the original Act was referred to throughout the Plan as "Part C."

Annual allotments of Federal funds to Montana for hospital construction under Part C have been as follows:

Fiscal	Year	1948													\$231,530
Fiscal	Year	1949	٠			•		•				•	•	•	224,137
Fiscal	Year	1950	•	•	•	•	•	•	•	•			•		345,499
Fiscal	Year	1951	•			•	•	•		•	•		•	•	200,000
Fiscal	Year	1952	•	•	•		•	•	•	•	•	•	•		207,113
Fiscal	Year	1953	•	•	•	•	•	•	•	•	•	•	•	•	200,000
Fiscal	Year	1954	•	•	•		•		•	•	•	•	•	•	200,000
Fiscal	Year	1955	•	•	•	•	•		•	•			•	•	228,439
Fiscal	Year	1956	•	•		•	•	•	•	•	•			•	296,113
Fiscal	Year	1957	•	•	•	•	•	•	•	•	•	•	•	•	342,194
Fiscal	Year	1958	•	•		•	•	•	•	•	•	•	•	•	353,850
Fiscal	Year	1959	•	•	•		•	•	•	•	•	•		•	551,056
Fiscal	Year	1960	•	٠	٠	•	•	•	•	•	•	•	•	•	598,392
Fiscal	Year	1961	•	•	•	•		•	•		•		•	•	572,790
Fiscal	Year	1962	•	٠	٠	•	•	•					•		593,365
Fiscal	Year	1963	•	•	•	•	•	•	•	•	•	•	•	•	587,692
Fiscal	Year	1964	•	•	٠	٠	٠	•	•	•	•	•	•	•	639,078

Public Law 482 of the 83d Congress (July 12, 1954) amended Title VI of the Public Health Service Act by adding Part G for the construction of diagnostic or treatment centers, chronic disease hospitals, rehabilitation facilities and nursing homes. This part of the previous Plans was referred to throughout the Plan as "Part G."

Allotments for construction made available to Montana under Part G of the program for each of the 1955, 1956, 1957, 1958, 1959, 1960 and 1961 fiscal year appropriations were as follows:

Diagnostic or Treatment Centers		٠				\$100,000
facilities for Chronically Ill.						100 000
Rehabilitation Facilities	•	•	•	٠	•	50,000
Nursing Homes						50,000

Fiscal Years 1962, 1963, and 1964

Diagnostic or Treatment Centers		•	•	•	•	\$100,000
tacilities for Chronically Ill.						100 000
Rehabilitation Facilities	•	•	٠	٠	٠	50,000
Nursing Homes	•	•	•			100,000

The Hospital and Medical Facilities Amendments of 1964, Public Law 88-443, extended the program through June 30, 1969 and in addition to new construction, provides for the modernization of hospitals and other medical facilities. The amended Act combines the categories of facilities for chronically ill and nursing homes under the term "facility for long-term care."

Allotments to Montana under the amended Act are:

		FISCAL YEAR	
	1965	1966	1967
Hospitals & Public Health Centers			
Construction	\$638,930	\$581,300	\$559,906
Modernization.		200,000	200,000
Long-Term Care	200,000	288,294	287,915
Diagnostic or Treatment Centers	100,000	100,000	100,000
Rehabilitation Facilities	50,000	50,000	50,000

Project No.	Facility	Location	Type	No. of Beds	Total Est. Cost	Est. Fed. Share		Status
M-1	Fallon Co. Hospital	Baker	General	19 New	\$301,600.00	\$117,730.41	Opened (Opened 6/24/53
M-2	Toole Co. Hospital	Shelby	General	20 New	335,066.46	111,688.82	z	4/20/51
M-3	McCone Co. Hospital	Circle	General	10 New	170,462.07	55,414.02	=	4/05/51
M-4	Teton Memorial Hospital	Choteau	General	25 New	208,492.36	67,202.34	=	6/28/51
M-5	Sweet Grass Comm. Hospital	Big Timber	General	10 New	162,851.07	54,283.69	=	9/20/20
M-6	Glacier Co. Mem. Hospital	Cut Bank	General	36 New	307,173.47	101,404.72	=	5/21/49
M-7	Malta Hospital	Malta	General	30 New	263,407.08	111,710.94	=	12/10/51
M-8	Garfield Co. Hospital	Jordan	General	17 New	256,011.96	107,759.84	=	8/01/51
M-9	Carbon Co. Mem. Hospital	Red Lodge	General	26 New	324,544.39	106,648.13	=	5/09/51
M-10	Livingston Comm. Hospital	Livingston	General	52 New	692,213.26	276,216.54	=	2/28/55
M-11	Daniels Mem. Hospital	Scobey	General	17 New	263,497.51	111,749.29	=	4/08/52
M-12	Granite Co. Hospital	Philipsburg	General	10 New	223,870.15	93,489.76	=	2/11/53
M-13	Wheatland Mem. Hospital	Harlowton	General	15 New	271,503,30	49,850.80	=	5/01/51
M-14	Sanders Co. Hospital	Hot Springs	General	19 New	255,138.42	00.000.09	=	4/14/52
M-15	Roosevelt Mem. Hospital	Culbertson	General	10 New	69.859.66	36,642.16	=	4/02/51
M-16	Sheridan Mem. Hospital	Plentywood	General	21 New	252,703.09	50,000.00	=	2/27/53
M-17	St. John's Lutheran Hospital	Libby	General	26 New	313,693.66	30,326.26	æ	7/01/52
M-18	Roundup Mem. Hospital	Roundup	General	18 New	229,564.21	75,116.27	=	2/02/54
M-19	Columbus Hospital	Gt. Falls	General	Lab. Alter	er 60,771.29	15,000.00		4/02/55

Status	25 Opened 6/18/55	00 " 8/01/58	73 " 10/01/58	83/90/5 68	42 " 12/15/57	94 " 5/01/58	08 53 91 " 8/01/60	49 " 8/25/57	52 " 11/01/57	11/22/59	05 " 10/05/60	30 " 7/01/58	24	28 " 8/29/59	14 " 10/05/59	91 " 5/01/58	20 " 7/11/60
Est. Fed. Share	\$ 138,621.25	148,382.00	111,502.73	9,445.89	141,144.42	68,527.94	68,543.08 72,154.53 106,134.91	198,377.49	81,527.52	283,798.11	124,771.02	49,861.30	118,908.24	67,249.28	108,119.14	25,929.9	398,795.20
Total Est. Cost	\$1,540,775.74	1,239,558.26	285,757.11	23,614.72	352,861.04	195,853,30	1,121,933.92	526,393,99	208,890.54	896,080.04	. 312,935.55	129,594.89		465.393.10	354,061.12	1 65,646.83	2,404,017,79
No. of Beds	37 Addn.	Serv. New	Serv. Addn & Remodel	3 Addn.	20 Addn.	16 New	Serv. Addn 13 New ServAddn	70 New	16 New	40 New 1/	34 New Adn.	10 New Adn.	19 New	16 New	14 New 10 New	4 New Addn	114 New
Type	General	Lab.	General	General	General	Nurs Hm	D & T Chronic Rehab.	Nurs Hm	General	General	Nurs Hm	Nurs Hm	n General	Nurs Mm	General Nurs Hm	General	Chronic
Location	Anaconda	Helena	Helena	Choteau	Helena	Forsyth	Billings	Kalispell	Ekalaka	Polson	Shelby	Chester	Ft. Benton		Hardin	l Libby	Butte
Facility	St. Ann's Hospital	State Lab. Bldg. (Virus Lab)	St. Johds Hospital	Teton Memorial Hospital	St. Peter's Hospital	Rosebud Nursing Home	St. Vincent Hospital	Immanuel Lutheran Home	Dahl Memorial Hospital	Hotel Dieu Hospital (St. Joseph's Hospital)	Toole Co. Nursing Home	Liberty Co. Nursing Home	St. Clare Hospital		Big Horn Co. Comm Hospital	St. John's Lutheran Hospital	Silver Bow General Hospital
Project No.	M-20	M-21	M-22	M-23	M-24	M-25	M-26	M-27	M-28	M-29	M-30	M-31	M-32		M-33	M-34	M-35

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	sn:	Opened 2/26/61		8/22/61	2/91/61	19/81/8	2/28/60	12/23/60	3/14/65*	2/01/66*	9/18/63	8/01/62	10/01/62	11/25/62	5/25/62	4/06/64	
	Status	Opened		=	=	=	=	=	=	=	=	=	=	=	=	=	
	Est. Fed. Share	\$ 328,500.00	165,599.71	81,402.85	169,424.73	450,000.00	42,442.08	39,650.00	1,426,176.00	125,013.00 320,152.82	583,573.64	146,440.18	185,761.74	138,150.50 80,268.24	101,215.69	71,081.04	
	Total Est. Cost	\$2,317,684.19		665,802.87	554,304.62	New Addnl,527,038.01	In 106,235.64	104,069.69	5,065,605.00		1,469,274.07	520,158.91	481,233.70	931,658.87	265,712.79	177,702.60	85-151. L 85-151. 85-151. L 85-151.
	No. of Beds	> 2	80 New 72 New	22 New 2/ 20 New	29 New 3/	84 New Add	14 New Addn	. 12 New	159 New	108 Remdl	New rs	40 New	52 New	20 New 4/	Remodel.	9 New	provided under PL 85 provided under PL 8 provided under PL 85
	Type	PH Center	Chronic Nurs Hm	General Nurs Hm	General	General	Rehab.	Nurs. Res	General	Mental D & T Nurs Hm	Nurs Res Sch of Nurs	Nurs Hm	Nurs Hm	General Nurs Hm	General	General	IS as as
(Continued)	Location	St. Falls		Poplar	Wolf Point	Billings	Billings	Ft. Benton	Gt. Falls		Gt. Falls	Wolf Point	Miles City	St. Ignatius	Billings	Sheridan	n population an populatior n Population an populatior
PROJECTS INCLUDED IN PROGRAM TO DATE	Facility	Cascade Co. Conv. Hospital		Poplar Comm. Hospital	Trinity Hospital	Deaconess Hospital	St. Vincent Hospital	St. Clare Hospital	Montana Deaconess Hospital		Columbus Hospital	Faith Lutheran Home	Miles City Nurs. Home	Holy Family Hospital	St. Vincent Hospital	Ruby Valley Hospital	*Project Not Officially Closed Includes 8 beds for the Indian population a Includes 13 beds for the Indian population Includes 8 beds for the Indian Population Includes 12 beds for the Indian population
PROJECTS	Project No.	M-36		M-37	M-38	M-39	M-40	M-41	M-42		M-43	M-44	M-45	M-46	M-47	M-48	7/2/2/4

	Project No.	Facility	Location	Type	No. of Beds	Total Est. Cost	Est. Fed.	Status
	M-49	Powell Co. Mem. Hospital	Deer Lodge	General	35 New	\$ 567,556.90	\$ 224,039.21	Opened 7/20/65
	M-50	St. John's Hospital	Helena	General Nurs Hm	10 Addn 25 New	401,912.21	160,764,88 133,382.95	" 11/17/65*
	M-51	Fallon County Hospital	Baker	Nurs Hm	24 New	367,500.00	147,000.00	3/01/66
A	APWM-52	St. James Community	Butte	Nurs Res		602,395.33 5/	208,430.00	3/10/65
	M-53	Sweet Grass County Home For Aged	Big Timber	Nurs Hm	25 New	293,266.00	95,370.00	" 7/1/65
A	APWM-54	Kalispell Gen. Hospital	Kalispell	Nurs Res & Remodel.		301,345.51	155,865.00	" 8/20/64
	M-55	Roundup Memorial Hospital	Roundup	Nurs Hm	16 New	217,404.00	86,962.00	Under Construc.
-186	M-56	Teton Co. Nursing Home	Choteau	Nurs Hm	29 New	319,715.00	127,886.00	Under Construc.
-	M-57	Lutheran Home of the Good Shepherd	Havre	Nurs Hm	50 New	881,697.00	306,262.00	Opened 2/01/67
	M-58	St. Peter's Hospital	Helena	General Mental Nurs. Hm	82 New 10 New 19 New	3,288.184.00	1,352,162.00	Under Construc.
	M-59	Sheridan Memorial Hospital	Plentywood	Moderniz Nurs Hm	27 New	458,848.00	183,539.20	Under Construc.
	M-60	Dahl Memorial Hospital	Ekalaka	Moderniz Nurs Hm	21 New	233,125.00	93,250.00	Under Construc.
	M-62	Glendive Community Hospital	Glendive	General	46 New	1,204,200.00	482,080.00	Under Construc.
	M-64	Carbon Co. Mem. Hospital	Red Lodge	Moderniz Nurs Hm	24 New	480,702.00	192,280.80	Under Construc.
		*Project Not Officially Closed.	ed.					

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PROJECTS INCLUDED IN PROGRAM TO DATE

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^{*}Project Not Officially Closed. Federal funds from Accelerated Public Works Program.

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